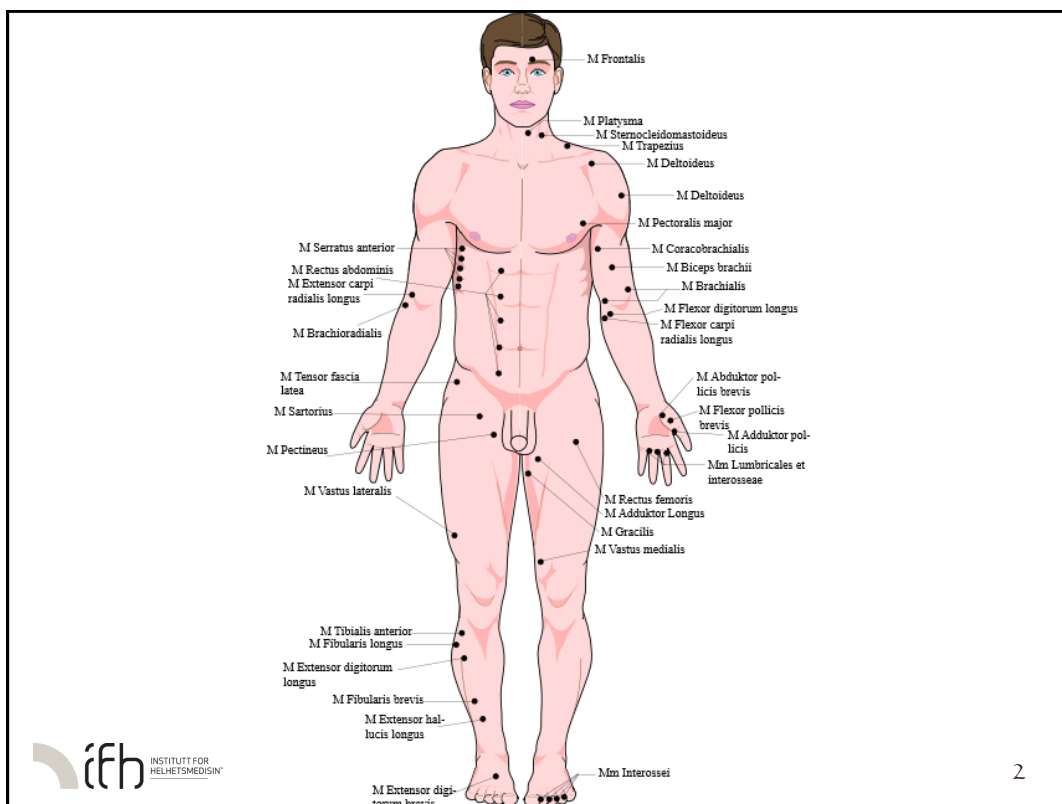
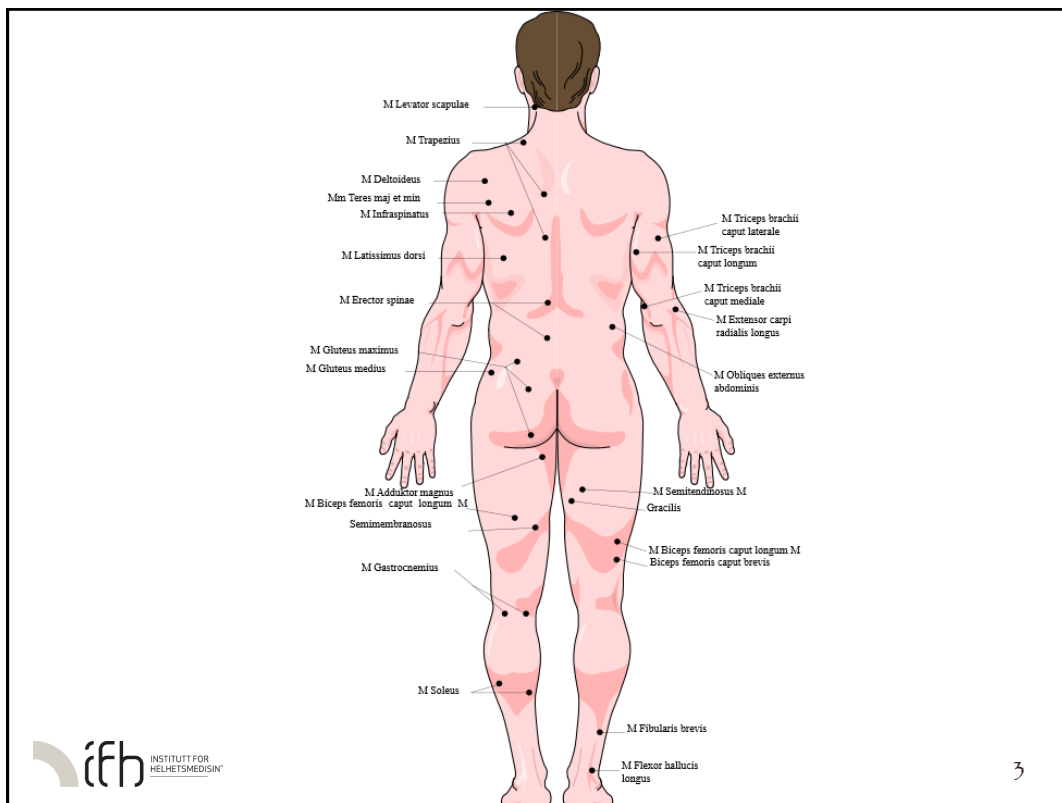


Myofasciale triggerpunkter

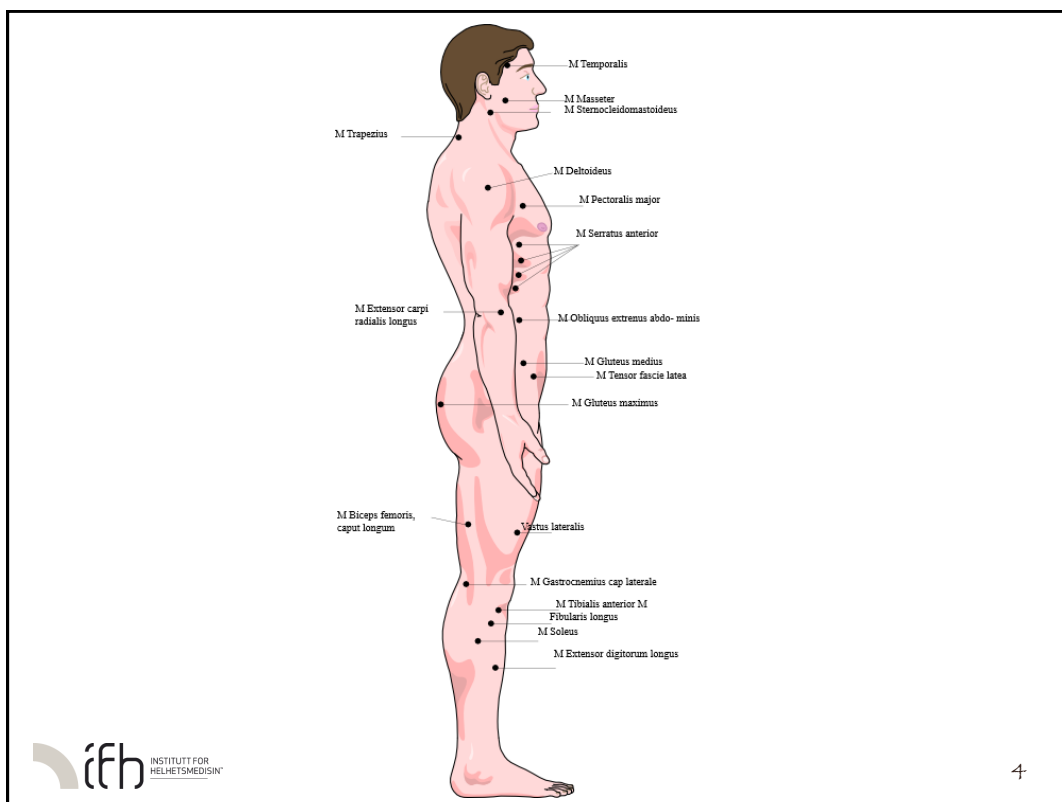
1



2



3



4

Hva er et triggerpunkt?

- Ofte palperbar ømhet i en spent muskel.
- Palpasjon skaper umiddelbart en gjenkjennbar og identifiserbar smertefornemmelse hos pasienten.
- Smerteubredelsen er karakteristisk for det aktuelle tp`et.

3 hovedtyper triggerpunkter

- Passivt triggerpunkt
Normalstadiet. Kan oppdages ved palpasjon, men utløser ingen problemer
- Latent triggerpunkt
Er i en aktiv tilstand. Kan gå spontant tilbake til å være passivt, men også bli ytterligere aktivt. Gir stivhet, svakhet, immobilitet.
- Aktivt triggerpunkt
Det mest aktiverte og irriterte stadiet. Er ofte svært ømt, og utløser smerte og/eller andre autonome reaksjoner.

Aktiverende faktorer:

Et mekanisk misbruk av muskelen av akutt eller vedvarende karakter, eller av repetitiv overanstrengelse.

Eksempler på aktiverende faktorer:

- Statisk muskelarbeide, belastninger eller muskelkollaps
- Langvarig immobilisering
- Forandringer i miljø (ekstrem kulde, varme, fuktighet, trekk med mer)
- Traume med lokal inflammatorisk reaksjon
- Febersykdommer
- Ubalanser som f.eks. Hormonelle eller ernæringsmessige

Å palpere etter triggerpunkter:

- Palpør langsomt på tvers av muskelens fiberretning.
Let etter spente «strenger»
- Følg muskelen i fiberretningen og gjør det samme her
- Når du finner punktet, øker du trykket langsomt
- Pasienten forteller deg hvordan det oppleves/hvor smerten kjennes.
Det viktigste er at pasienten gjenkjenner det som «sin» smerte.

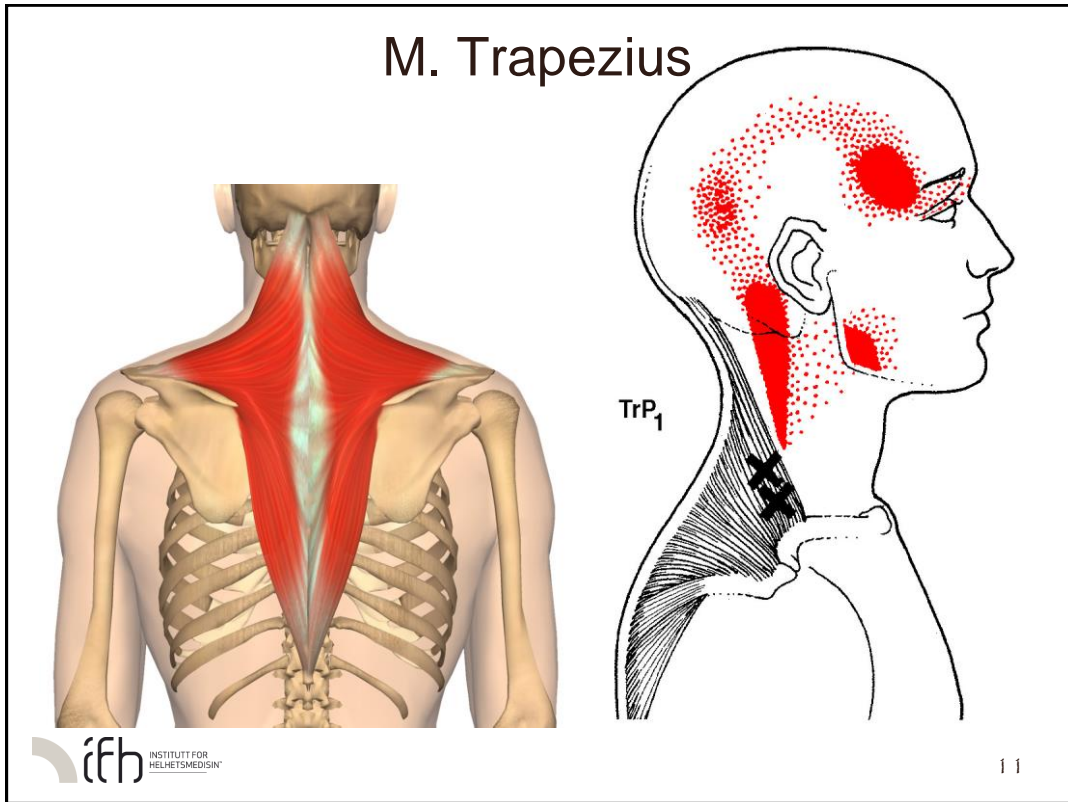
- Notèr deg også eventuelle andre symptomer pasienten opplever ved palpasjonen.
- Når pasienten opplever at symptomene/smerten reduseres, kan du øke trykket langsomt på nytt til ny reduksjon av smerte oppnås.
- Dette kan gjentas 3 ganger.

Viktig å slippe muskelen sakte og rolig til slutt

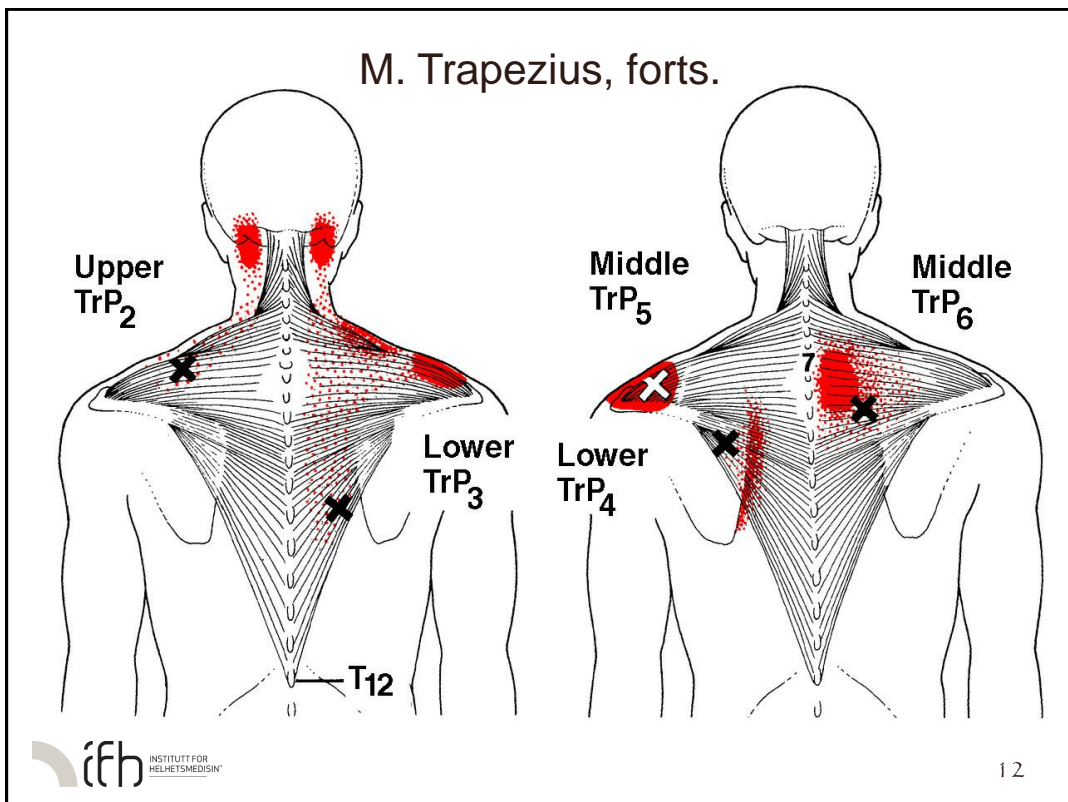
(Les også læreboken kapittel 2 og 3)

Triggerpunkter nakke og hode

**Læreboken kapittel 6,
side 51 - 74**

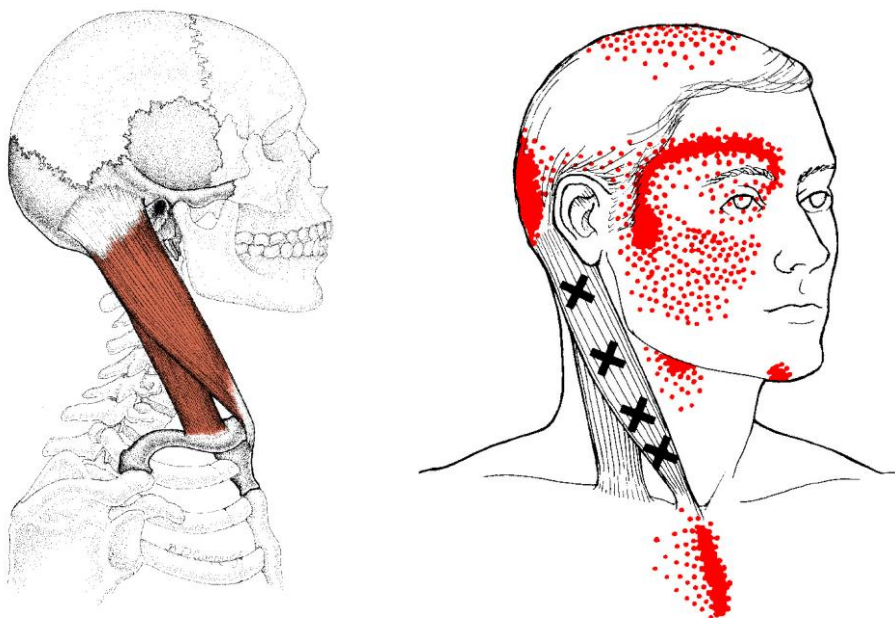


11



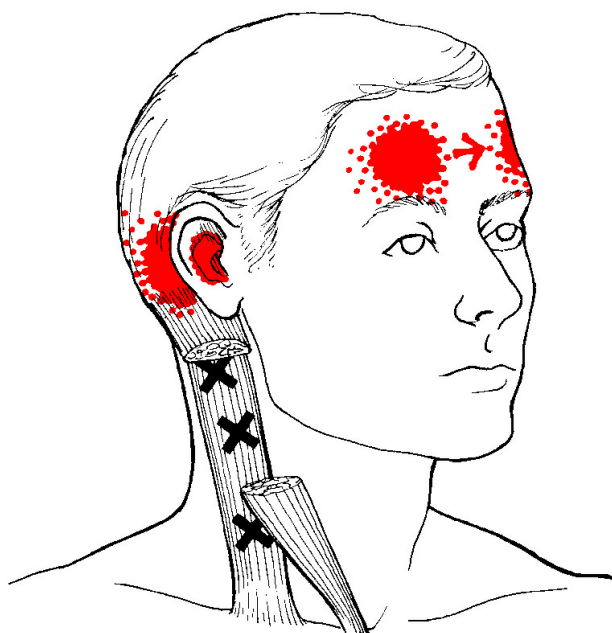
12

SCM - Sternocleidomastoideus

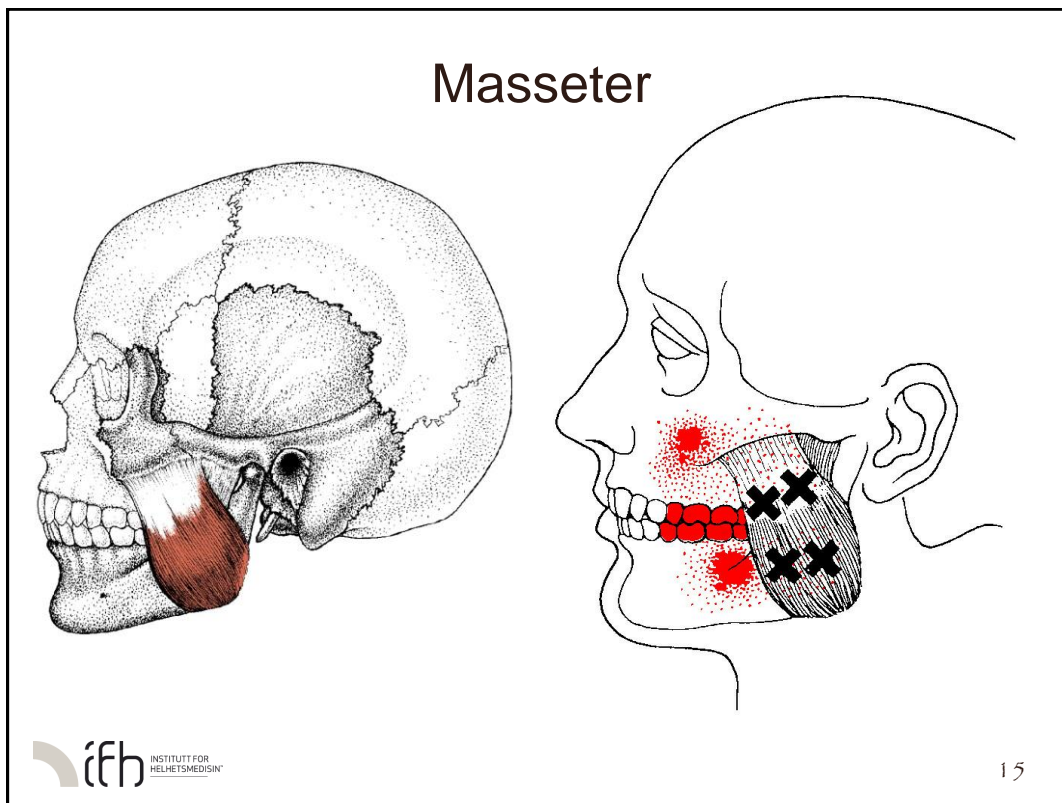


13

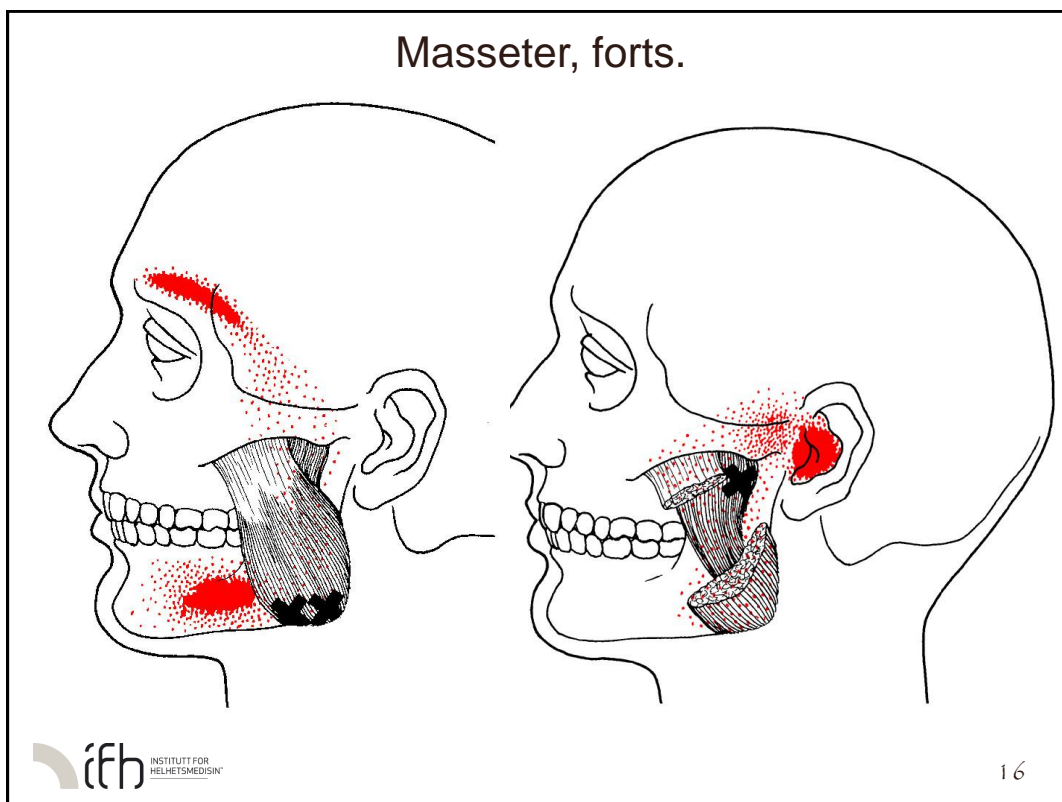
SCM – Sternocleidomastoideus, forts.



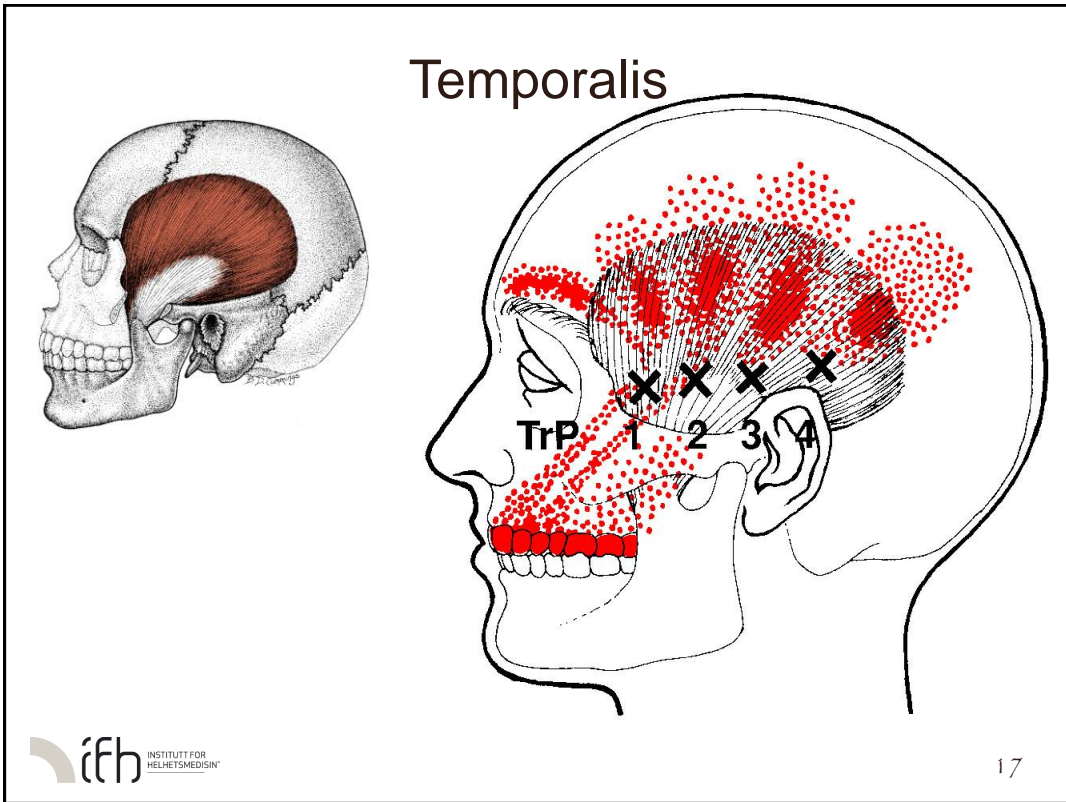
14



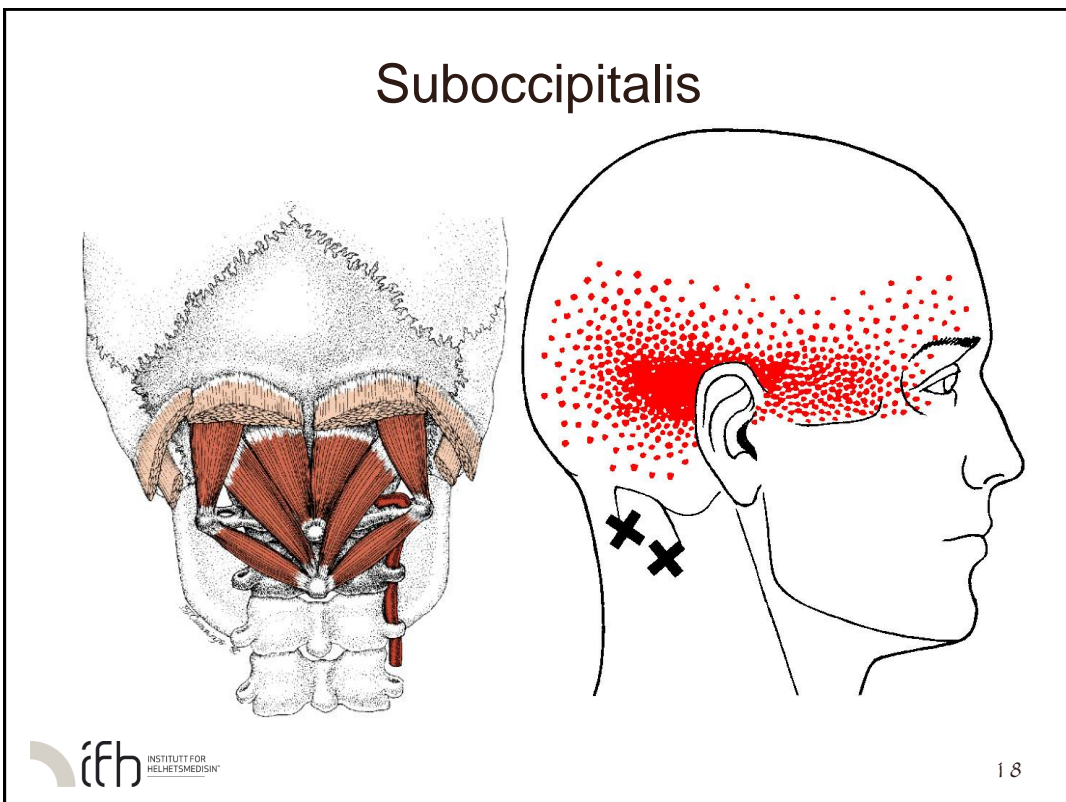
15



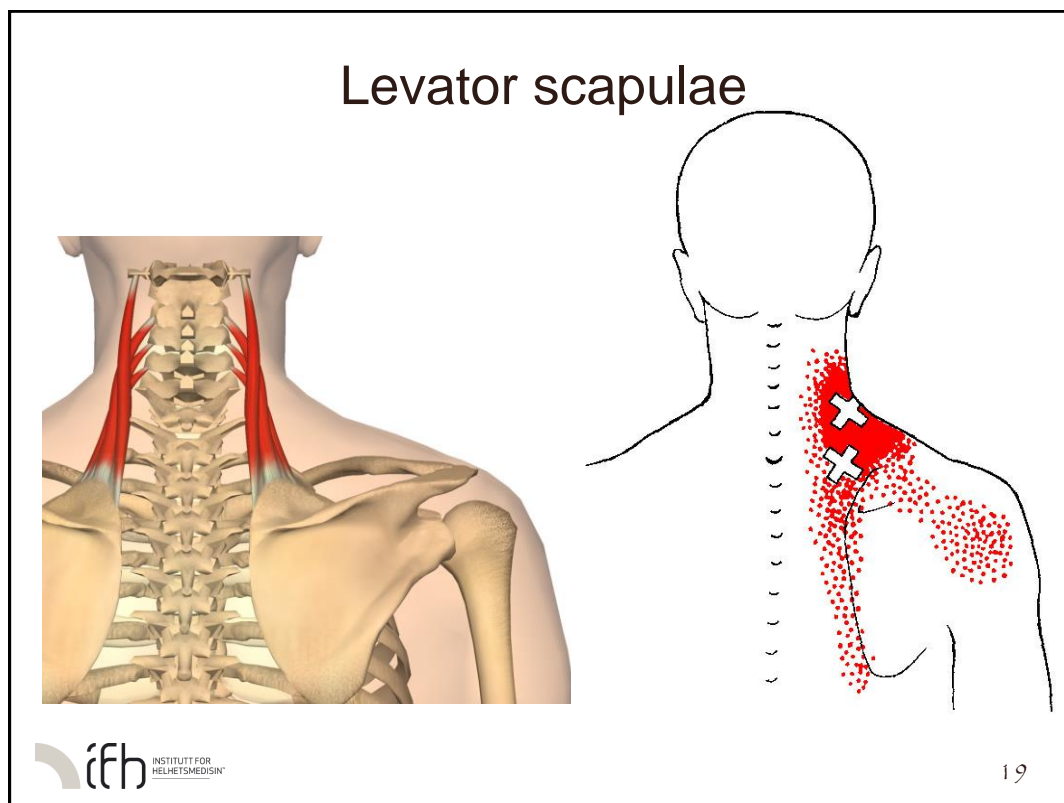
16



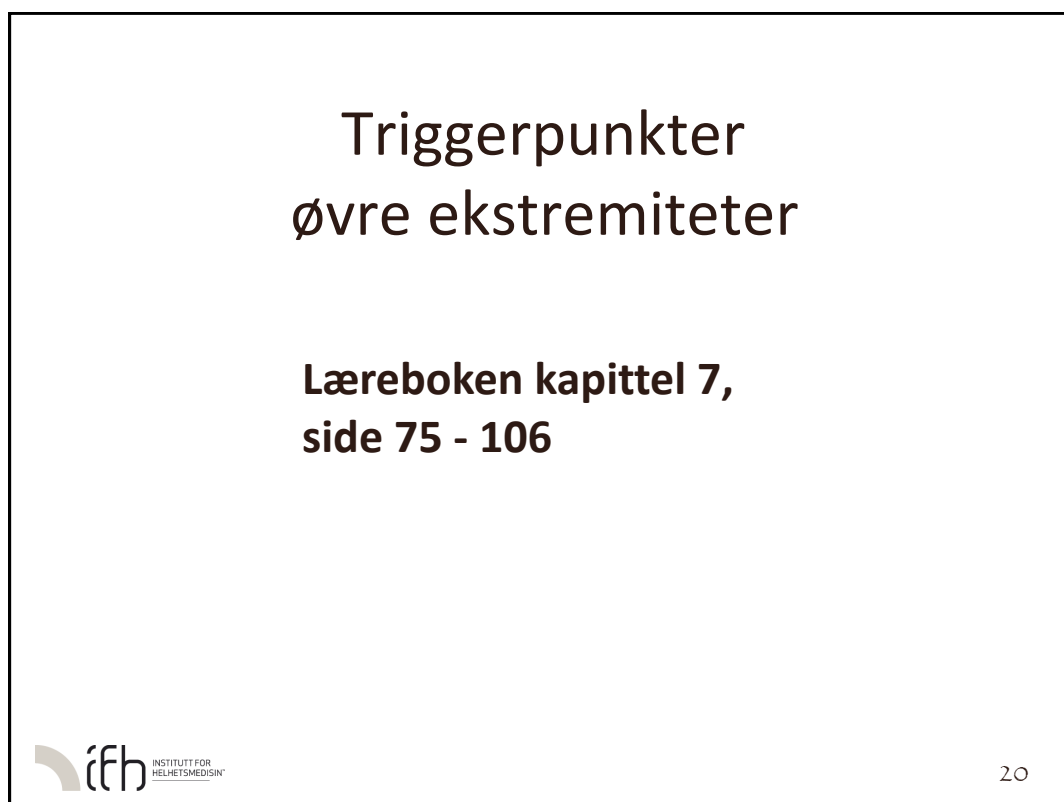
17



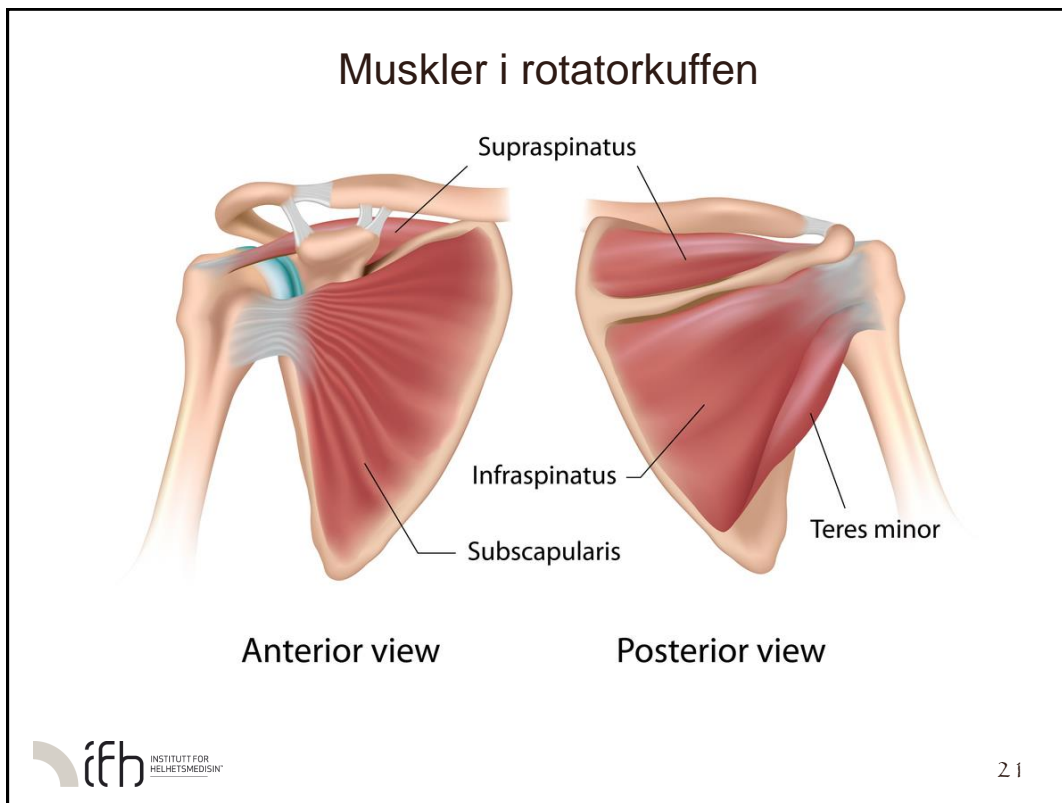
18



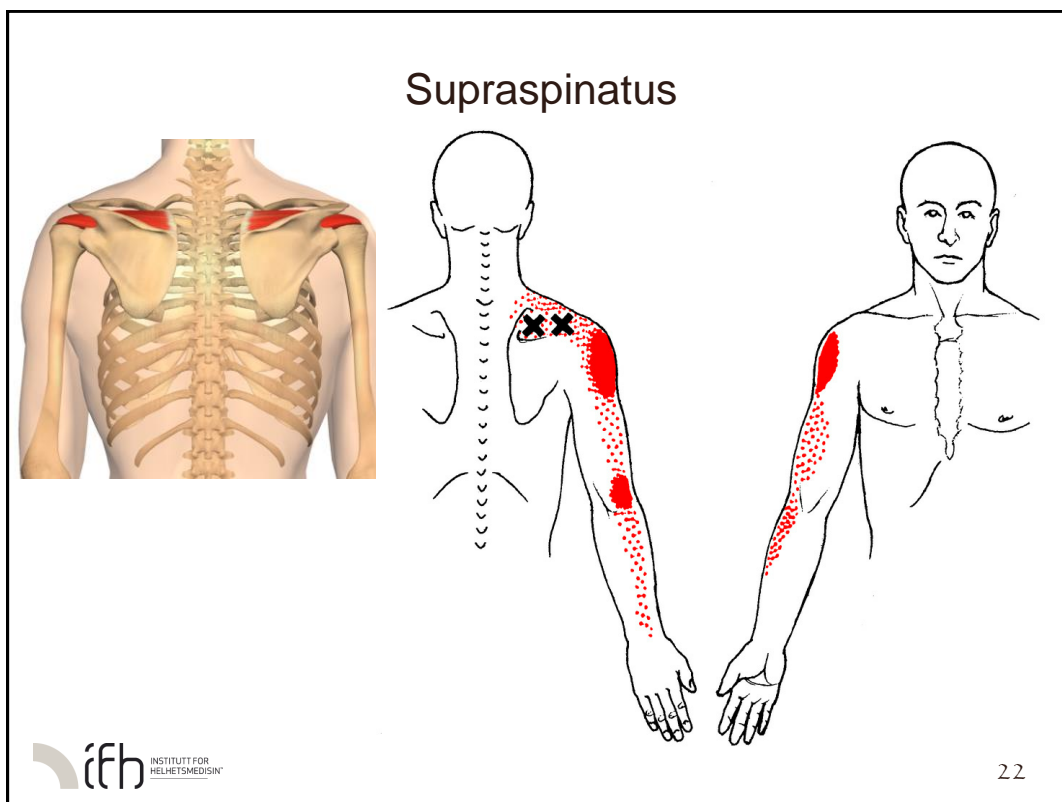
19



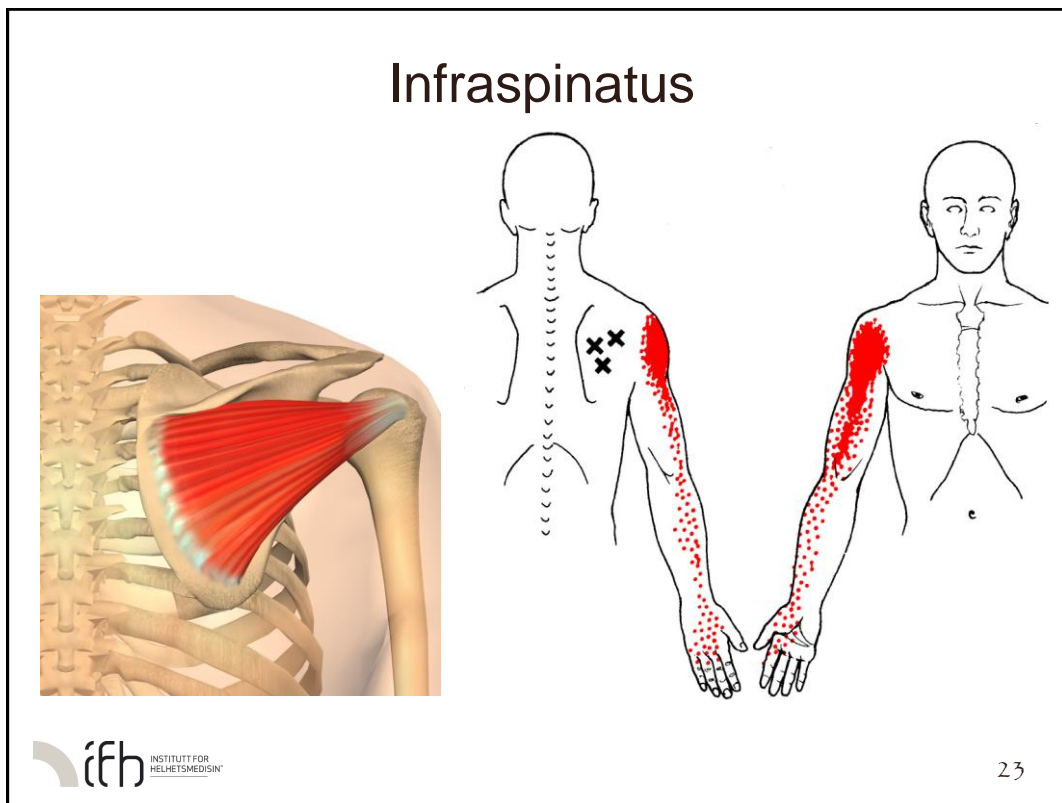
20



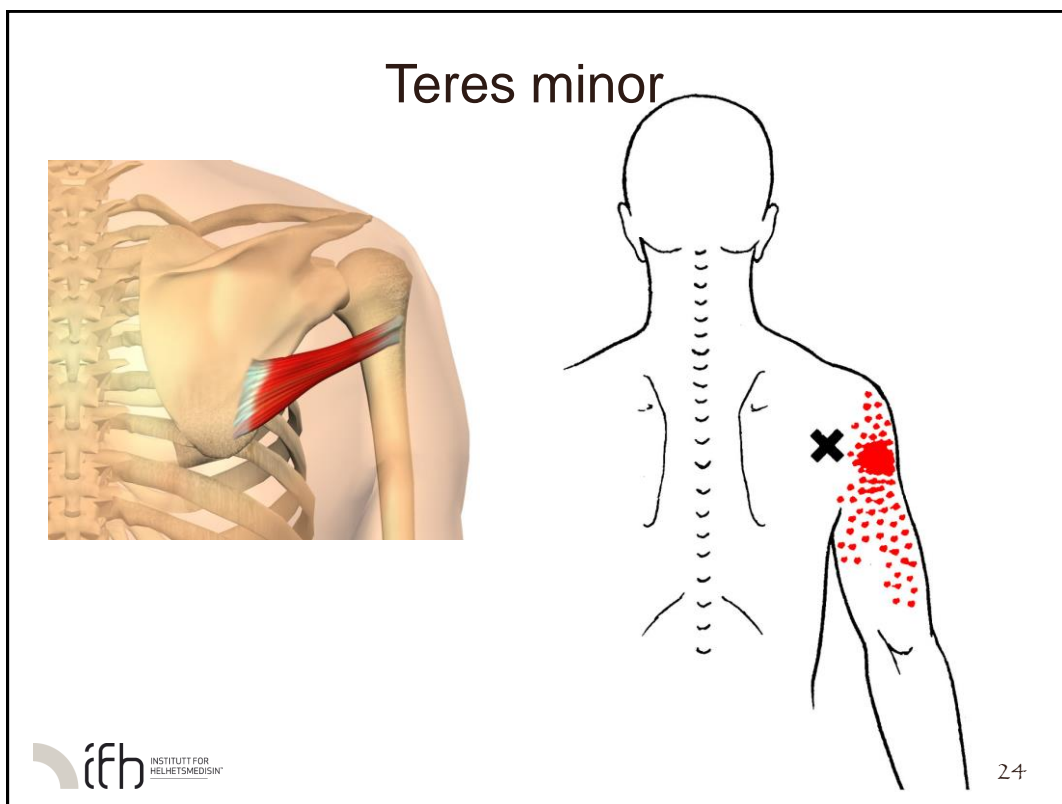
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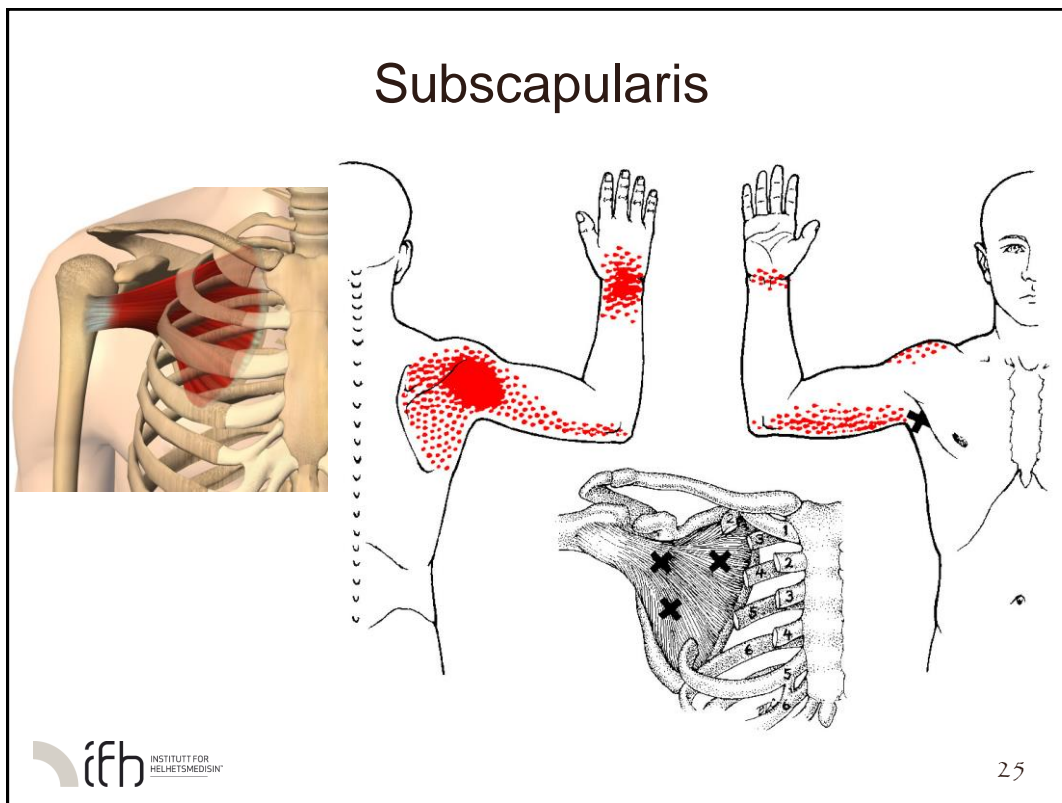
22



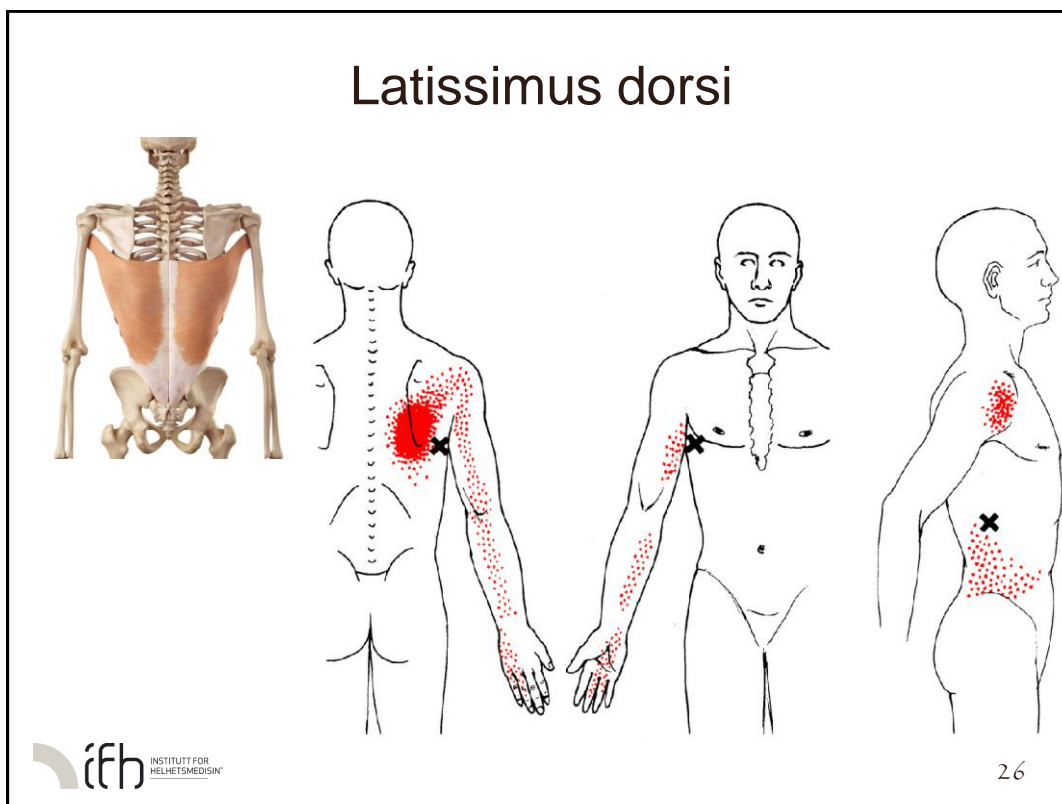
23



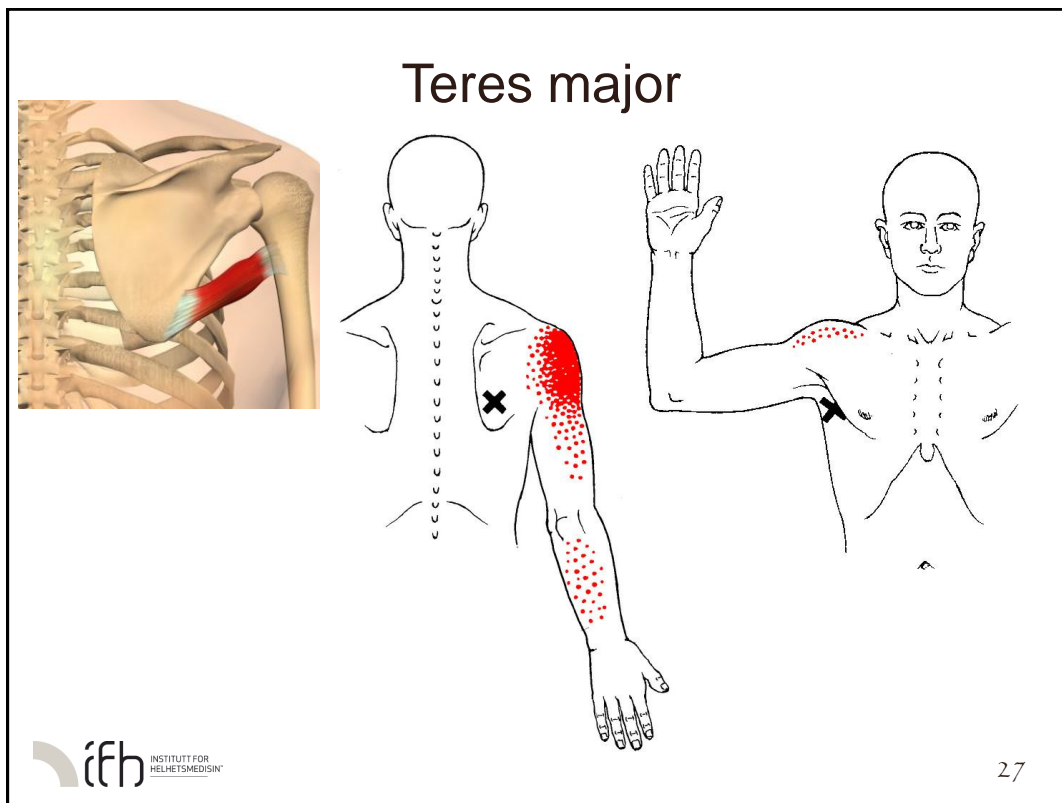
24



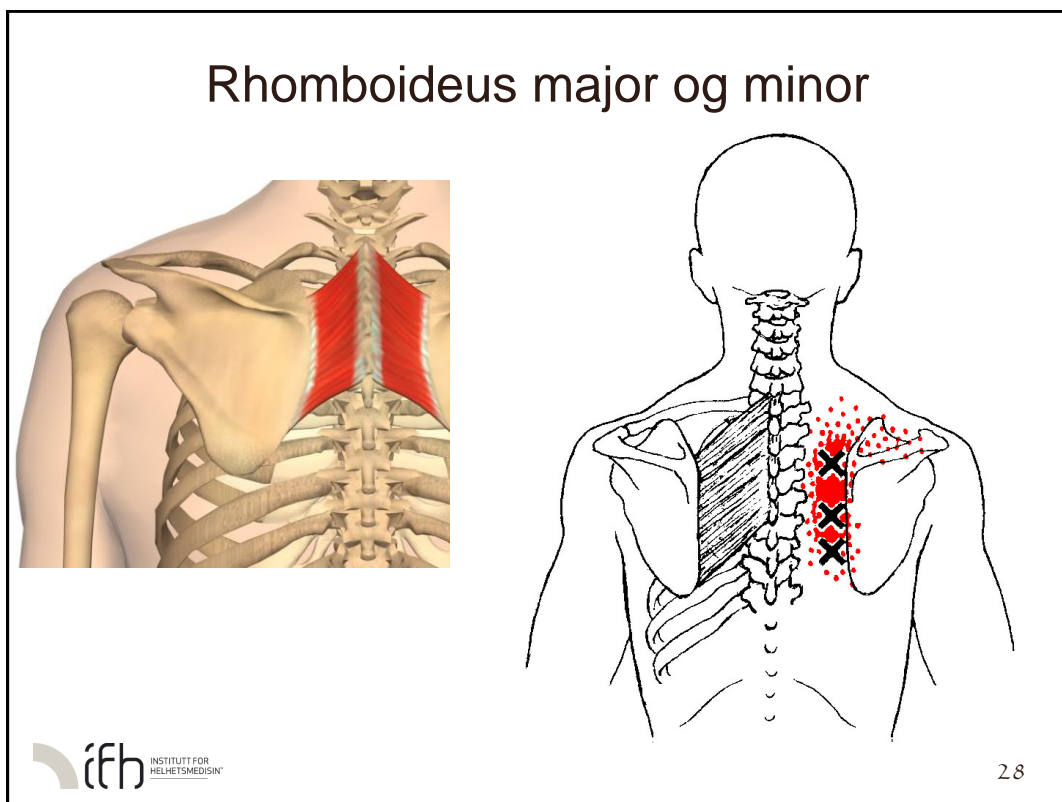
25



26



27



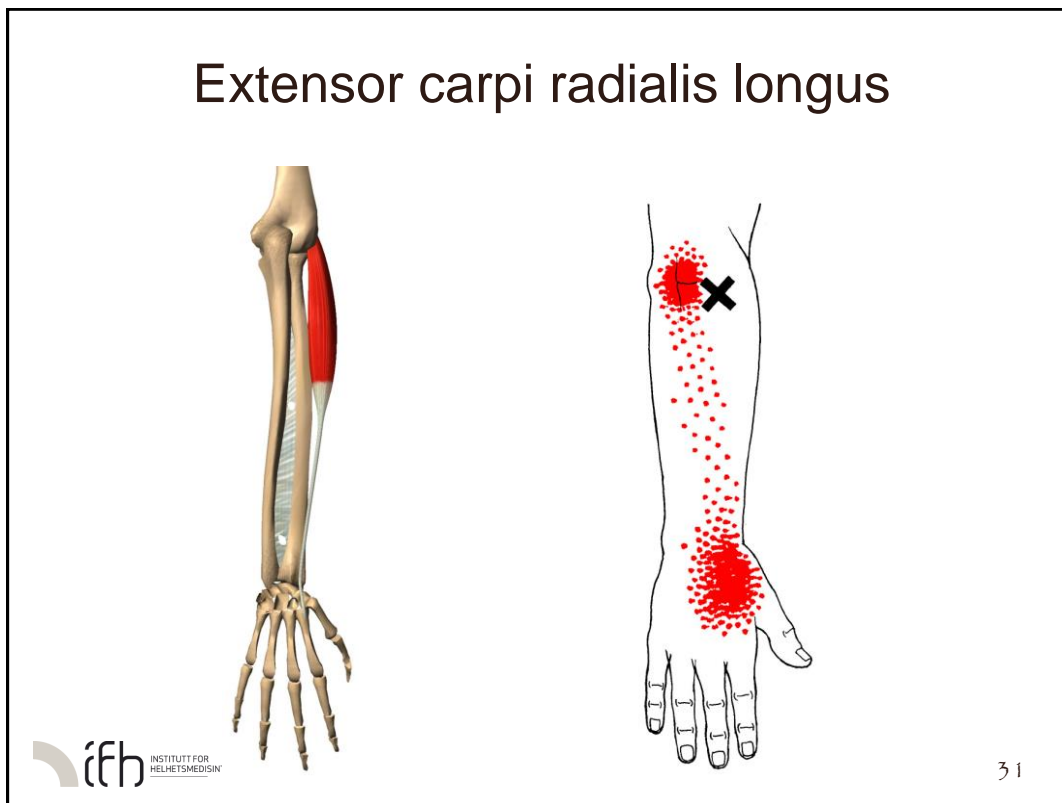
28

Deltoideus pars dorsalis

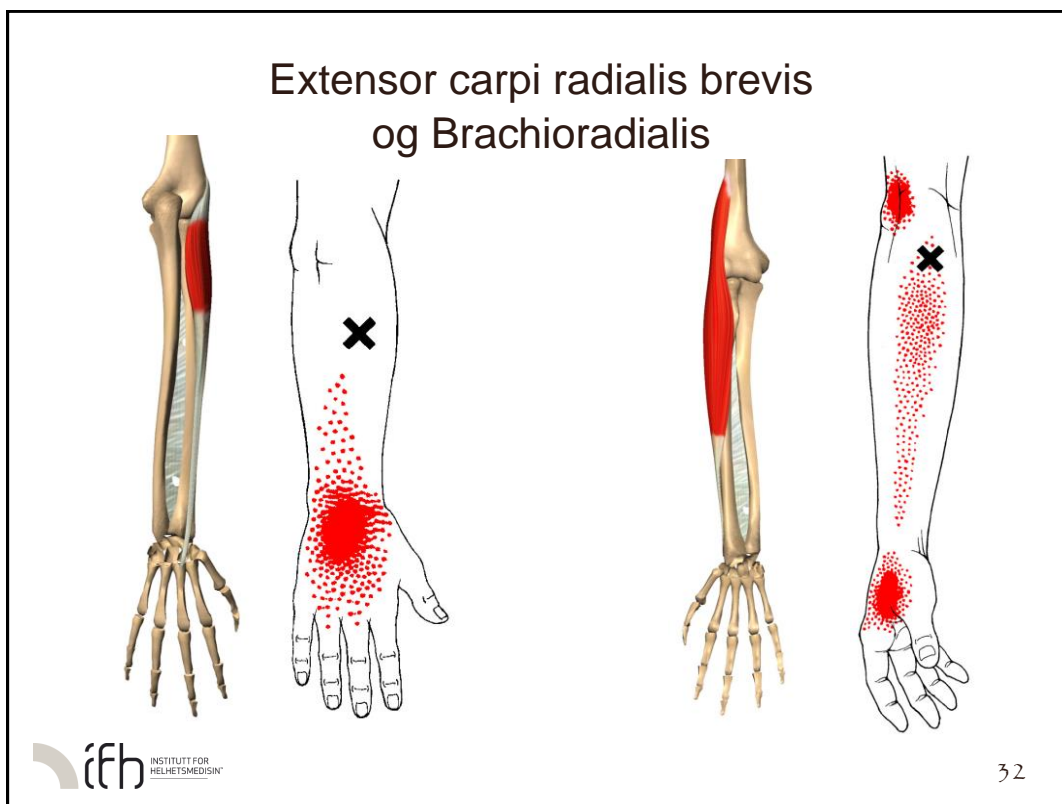


Deltoideus pars ventralis

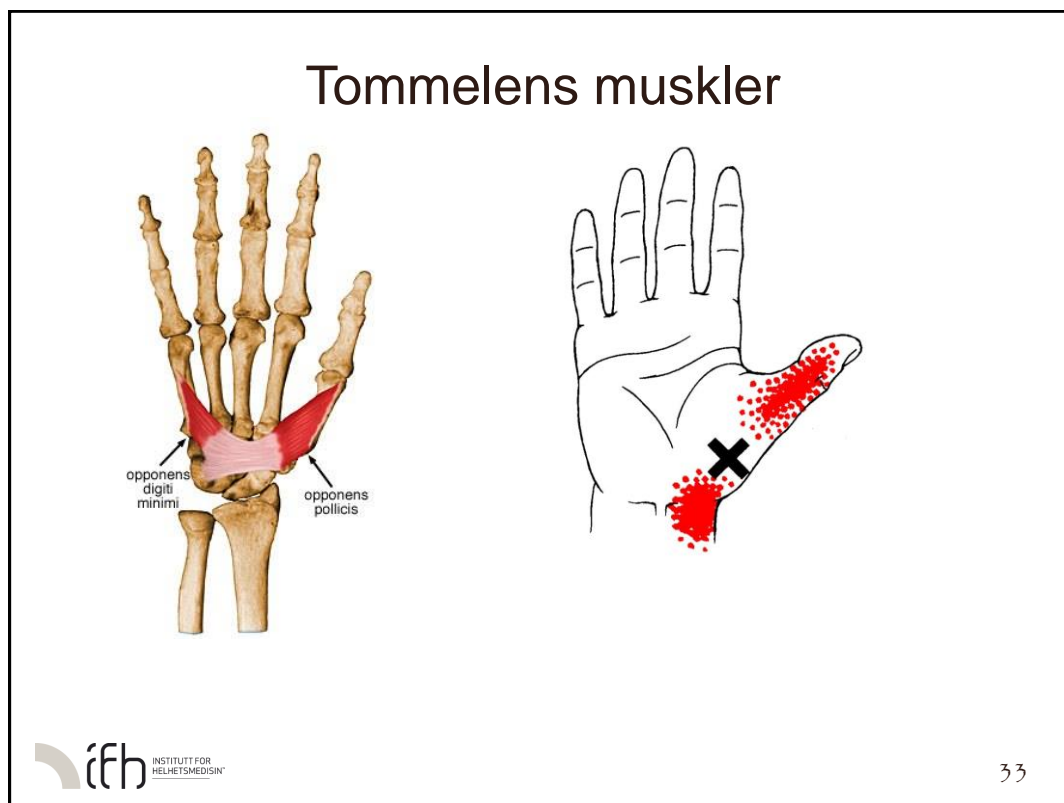




31



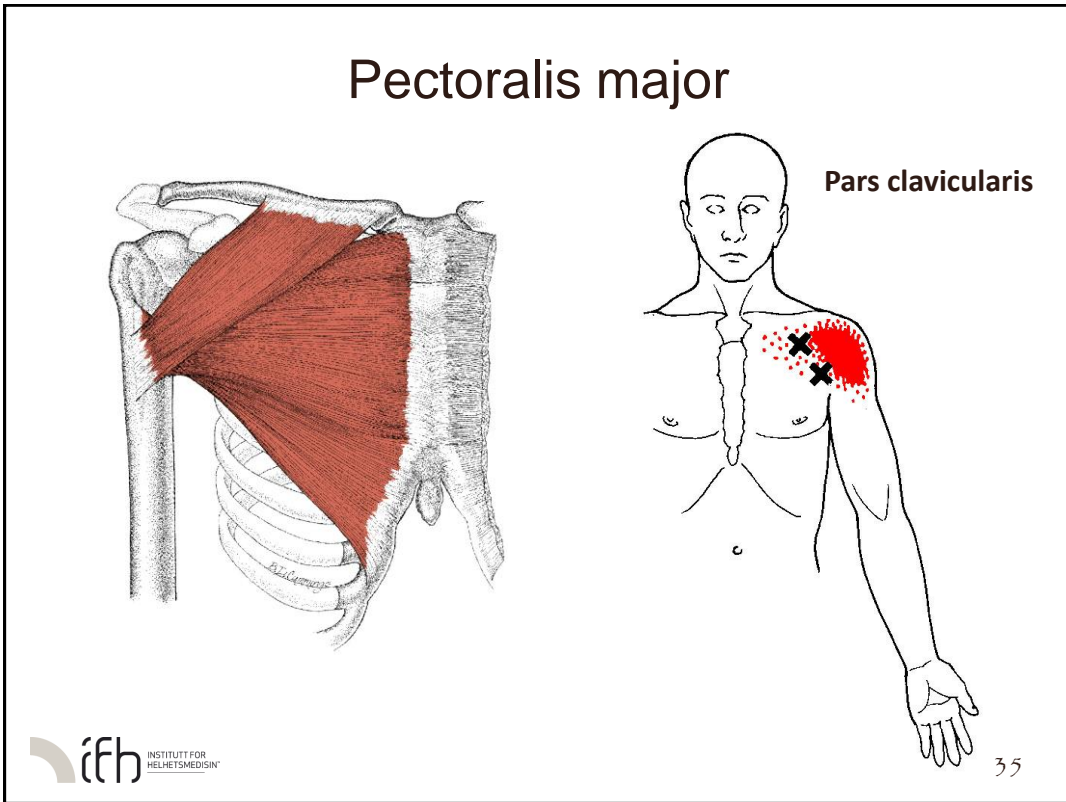
32



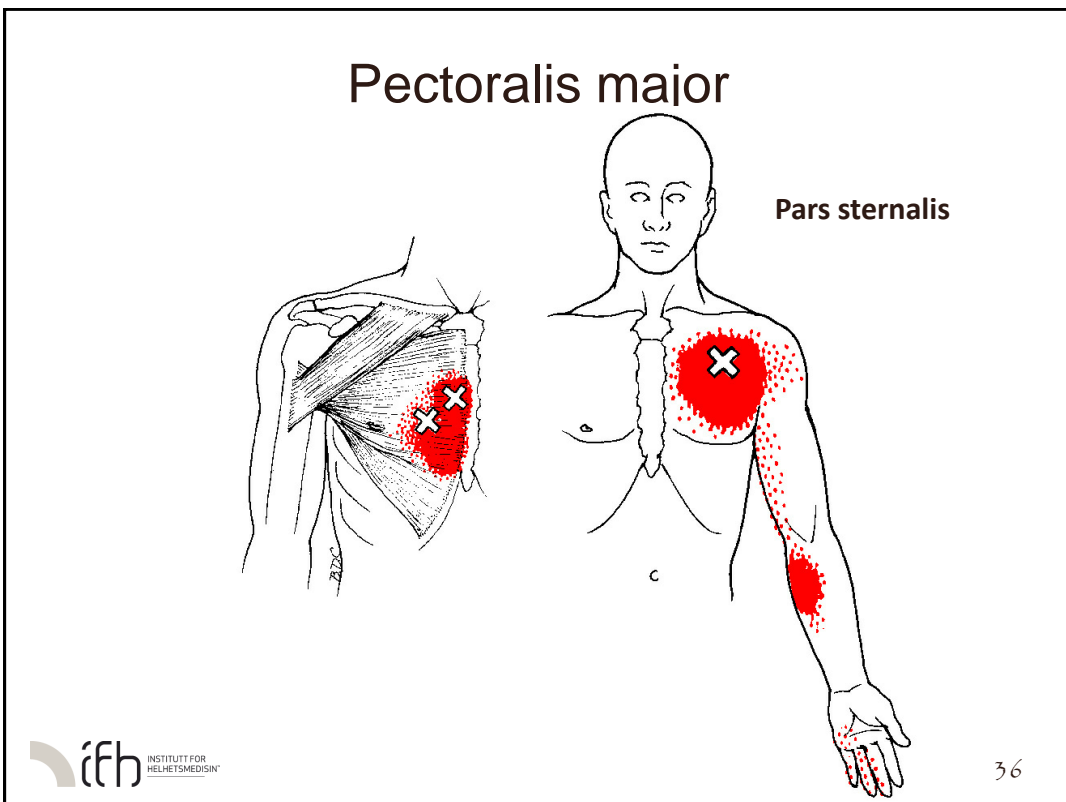
33



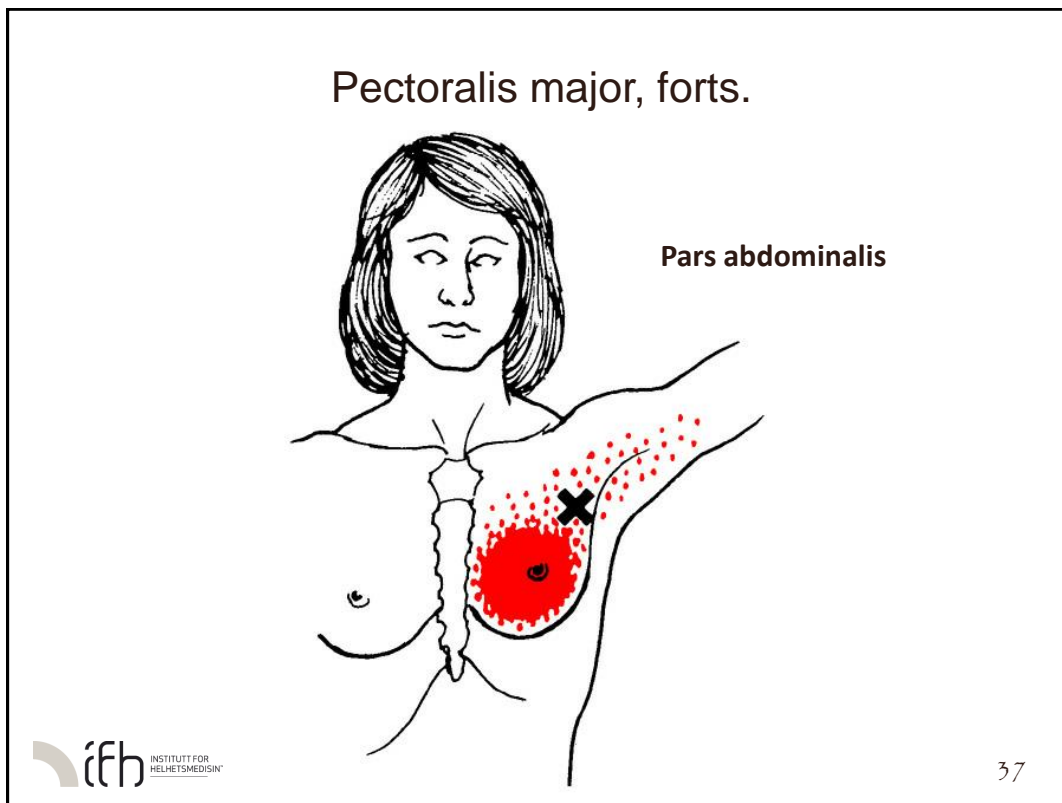
34



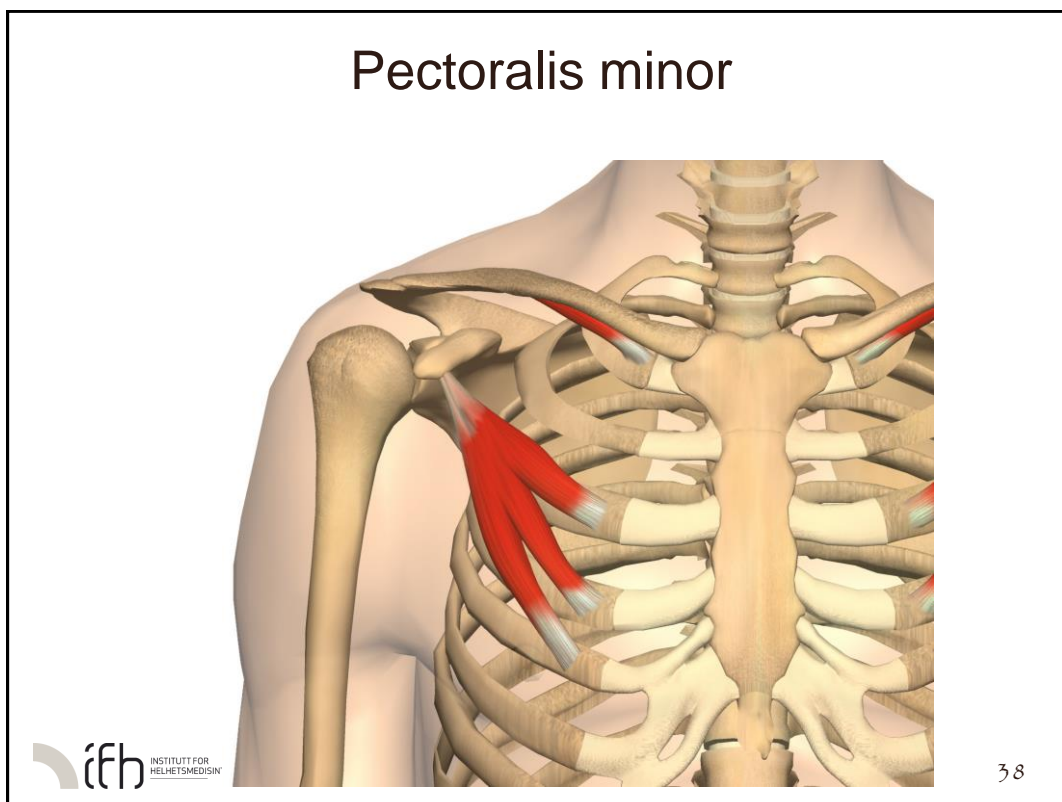
35



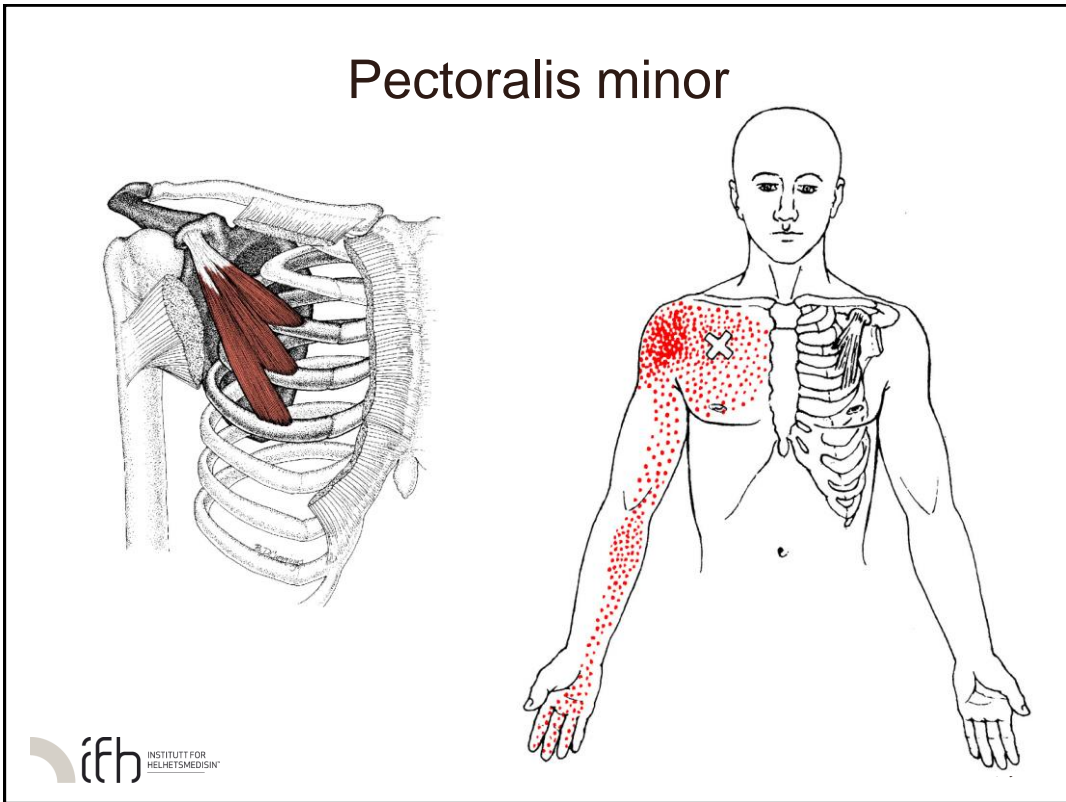
36



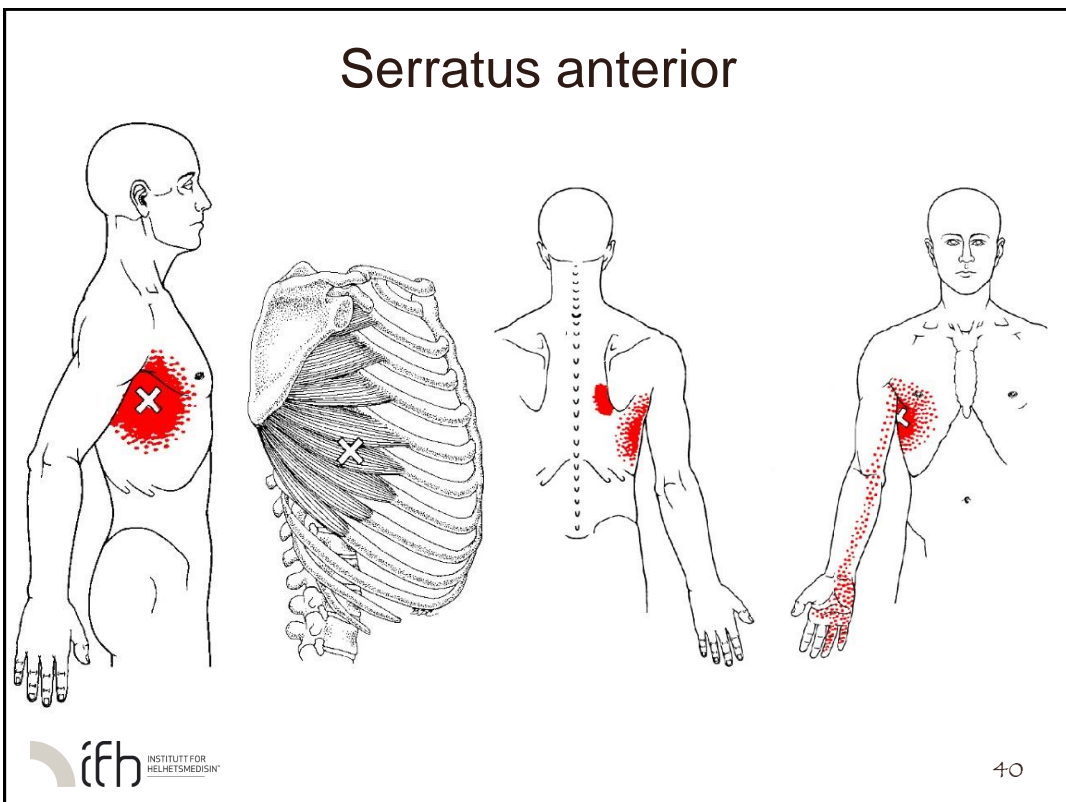
37



38



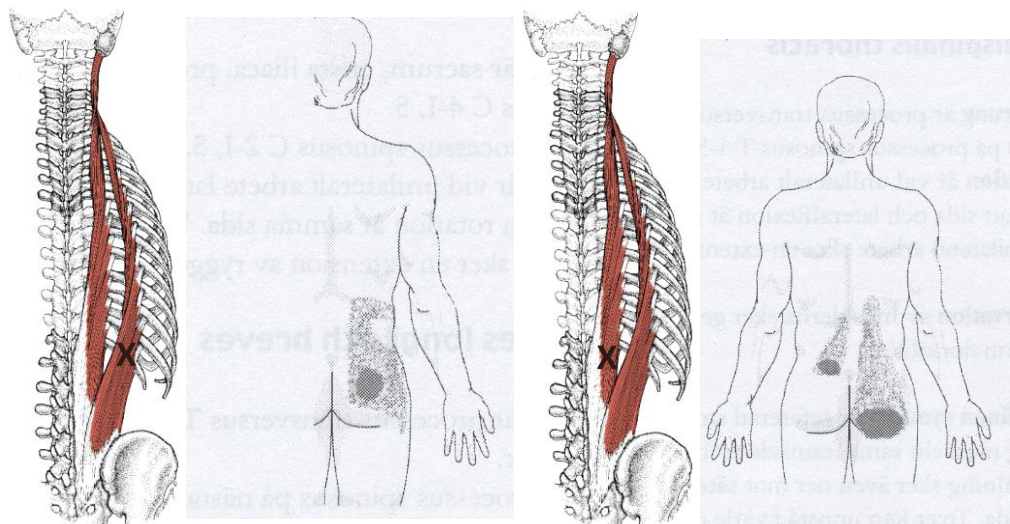
39



40

40

Erector spinae, thoracolumbal del

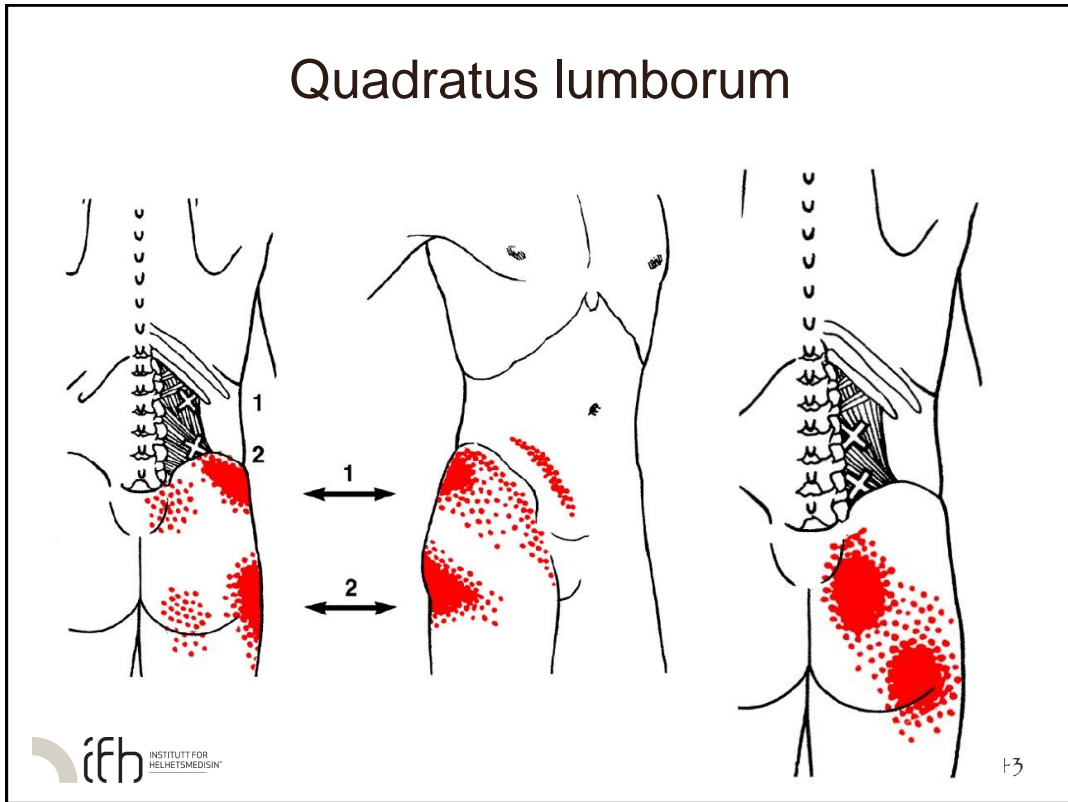


41

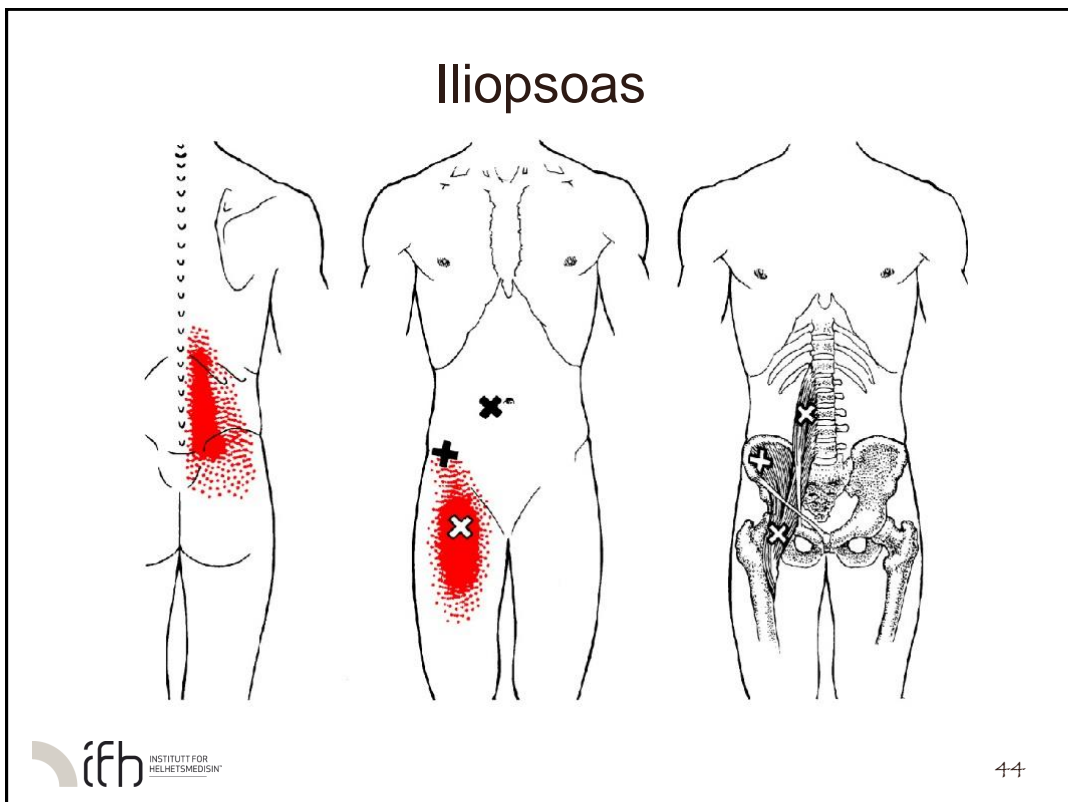
Bekkenets triggerpunkter

Læreboken kapittel 9,
side 123 - 134

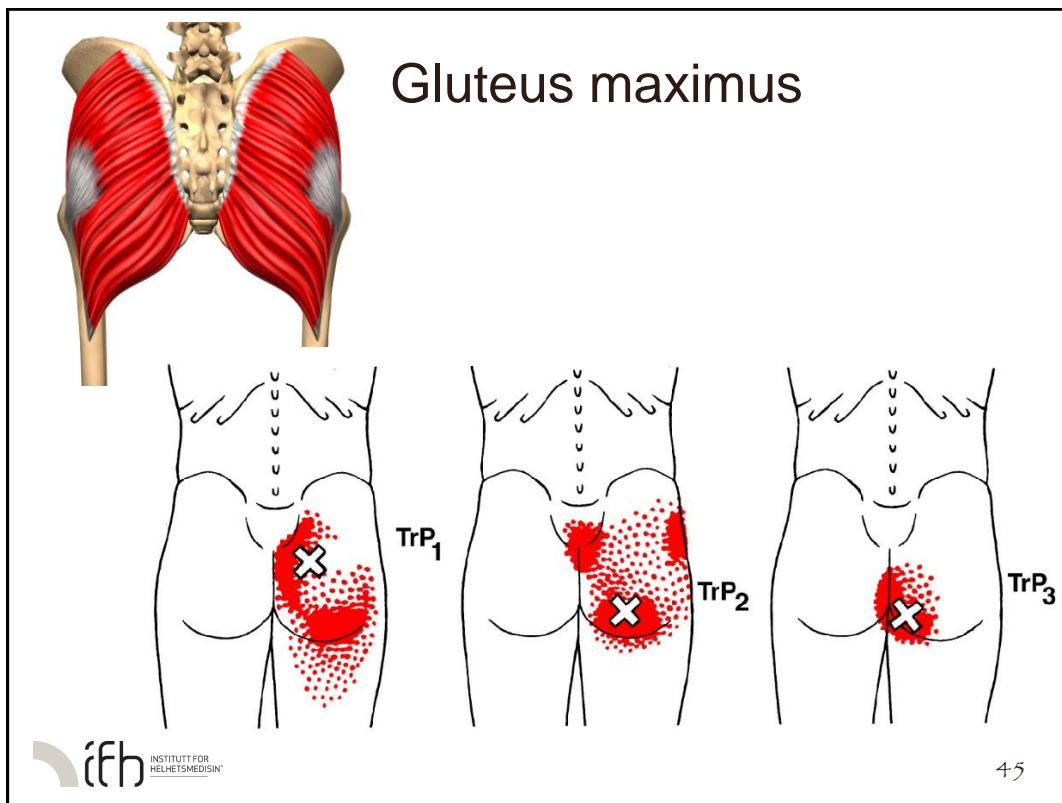
42



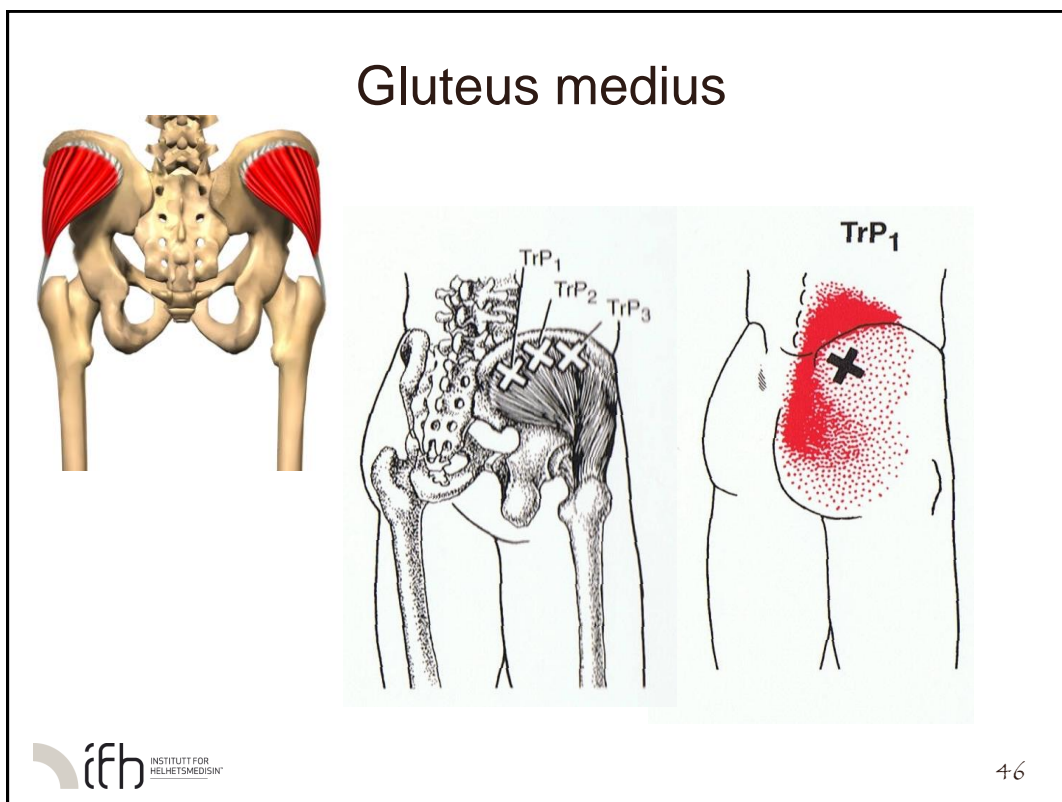
43



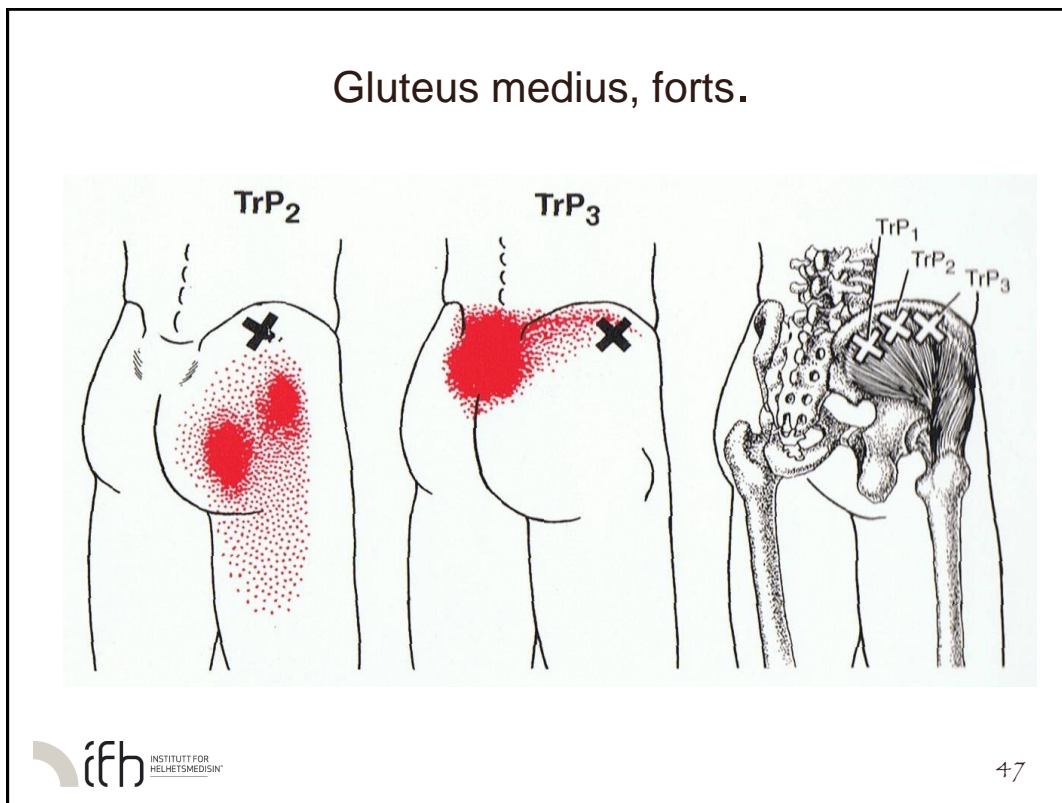
44



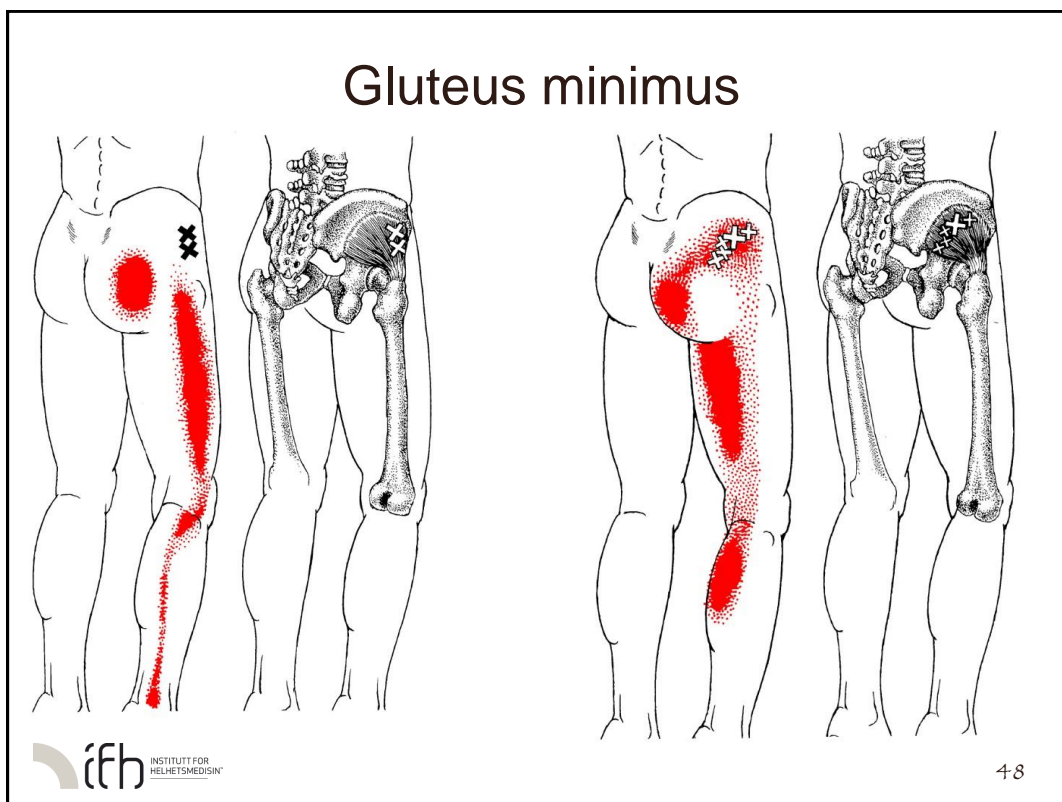
45



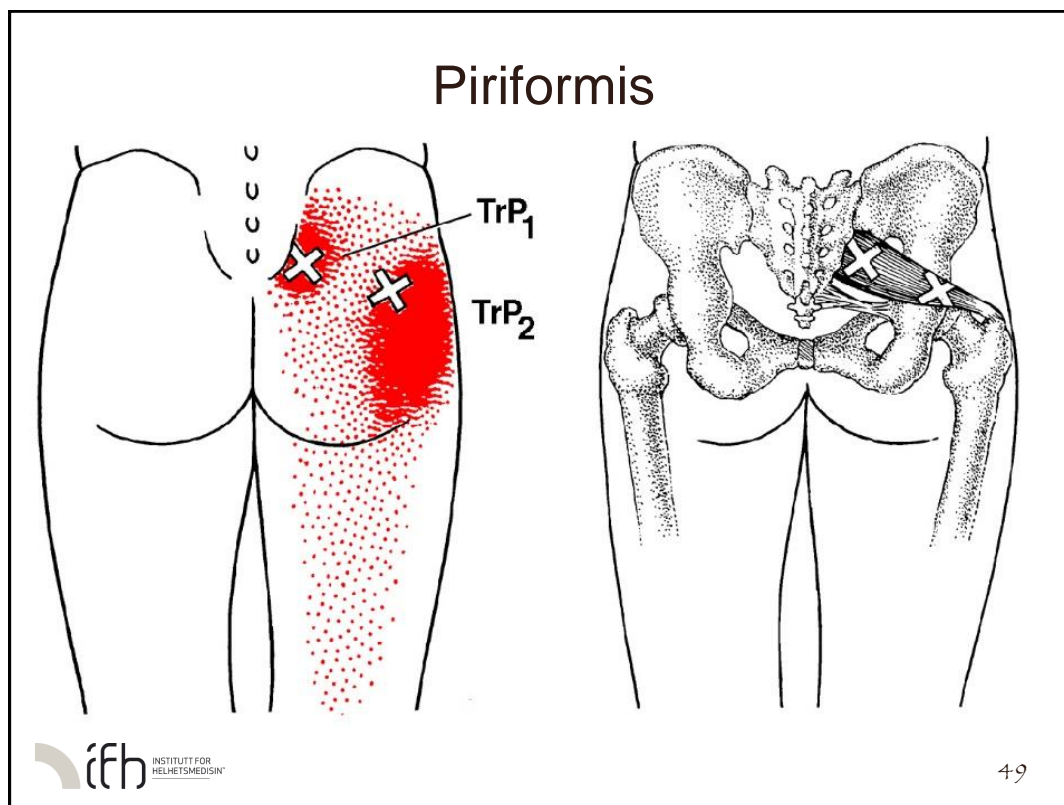
46



47



48

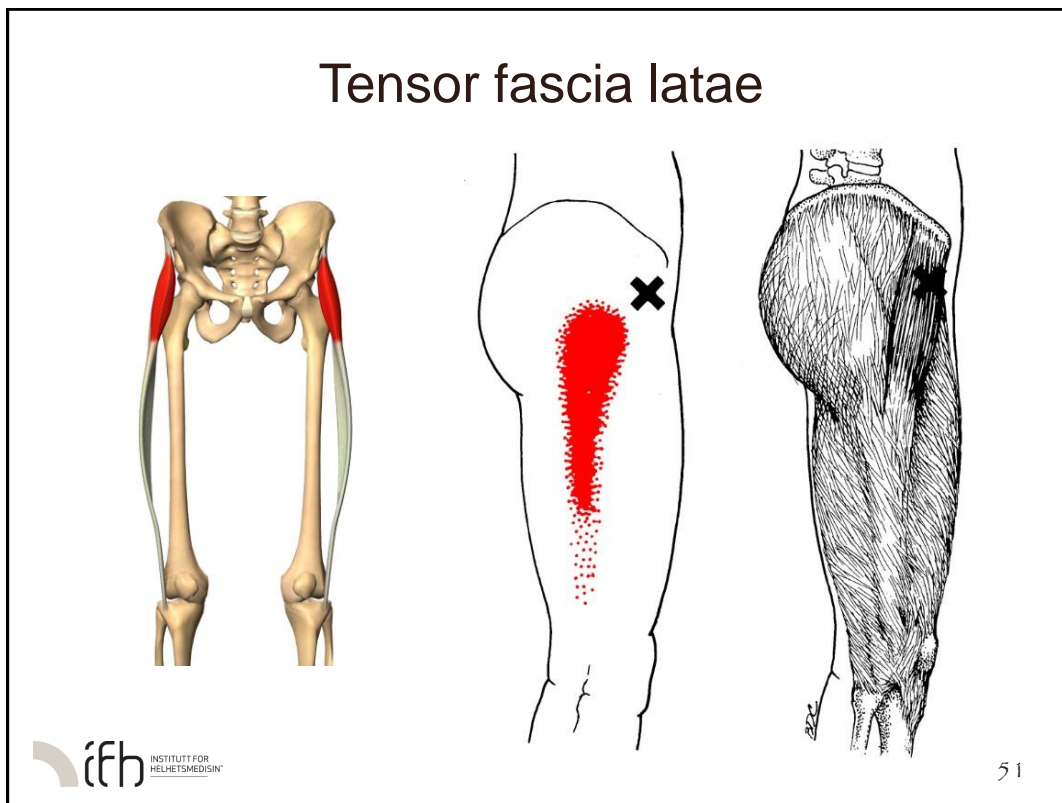


49

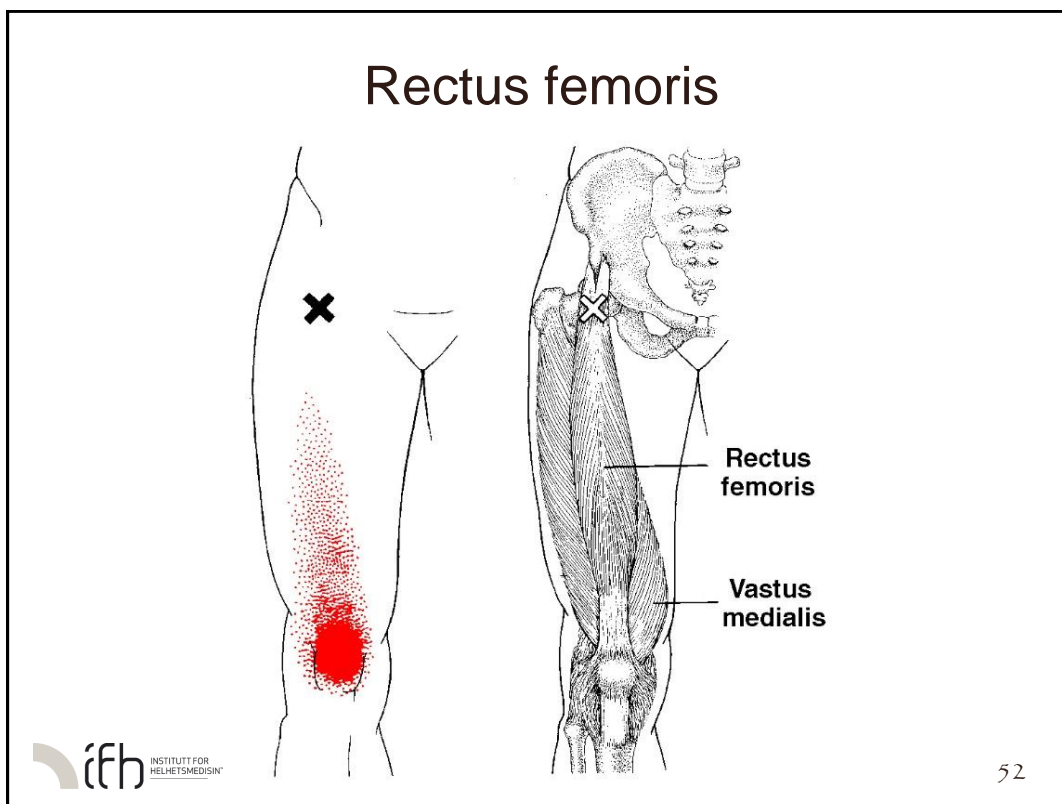
Nedre ekstremiteters triggerpunkter

**Læreboken kapittel 10,
side 135 - 160**

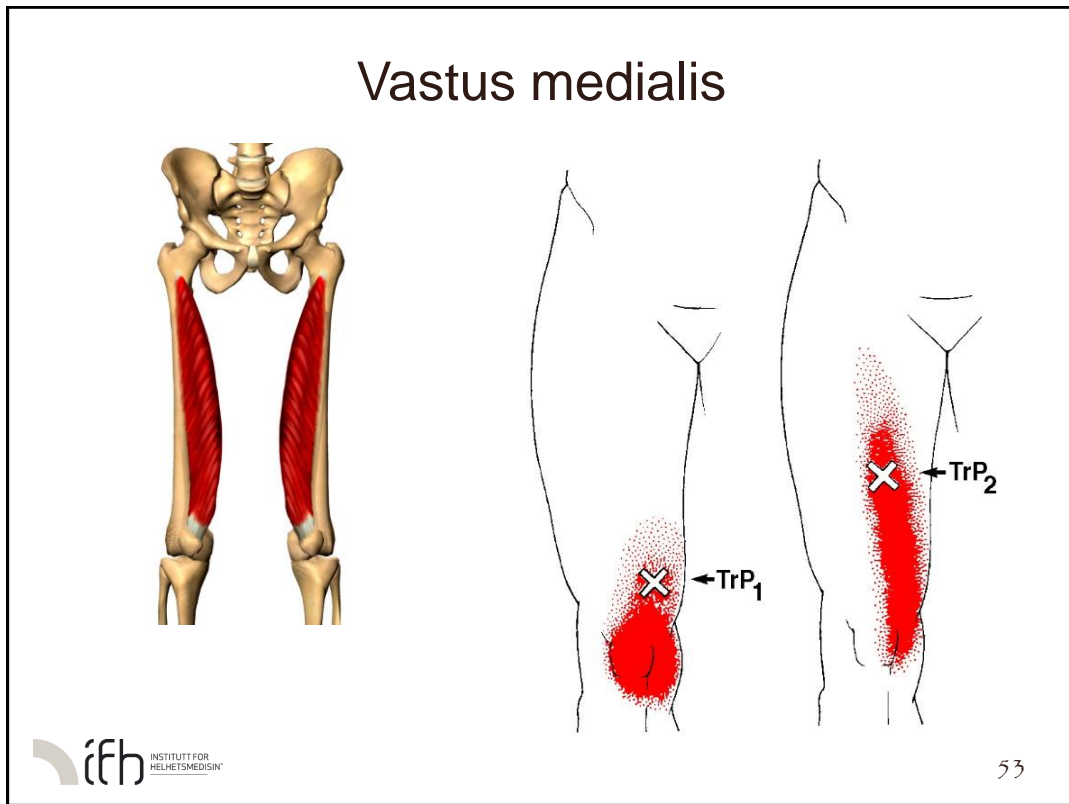
50



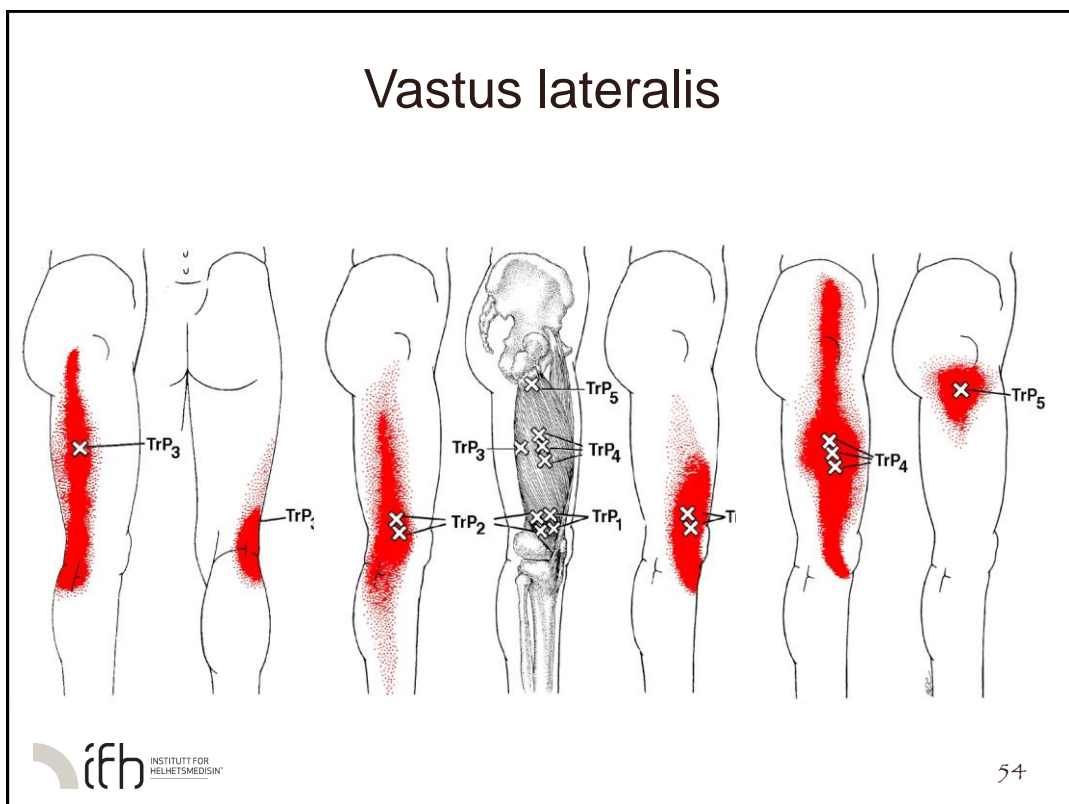
51



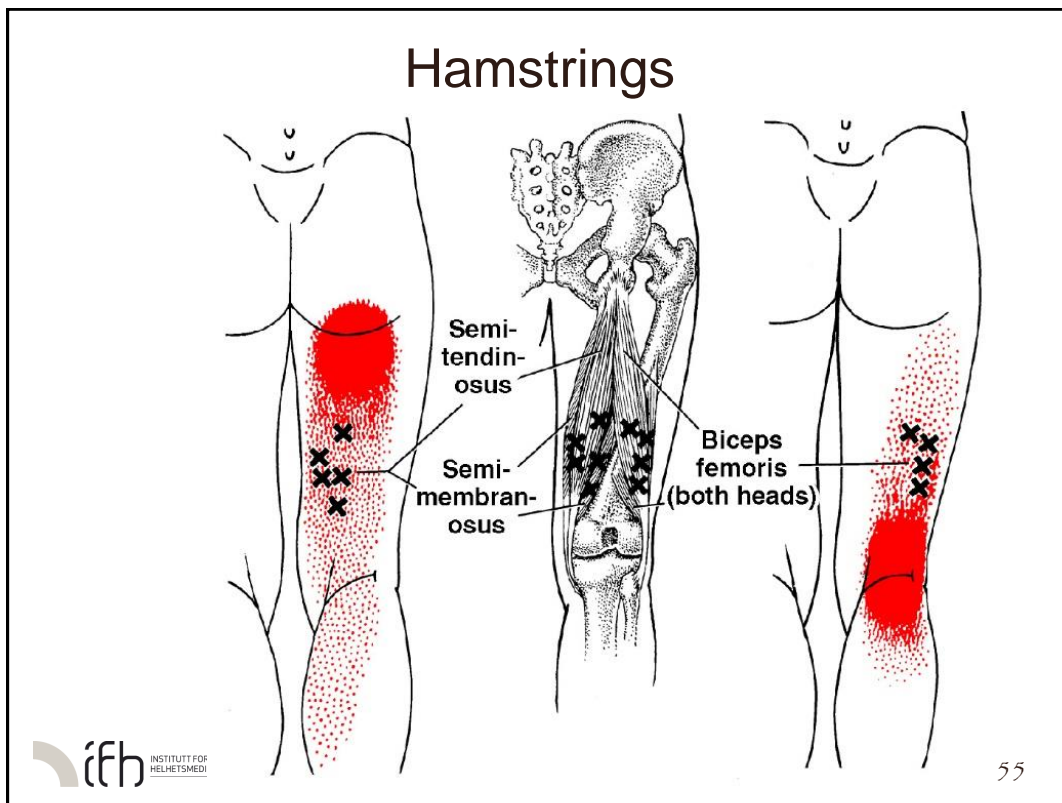
52



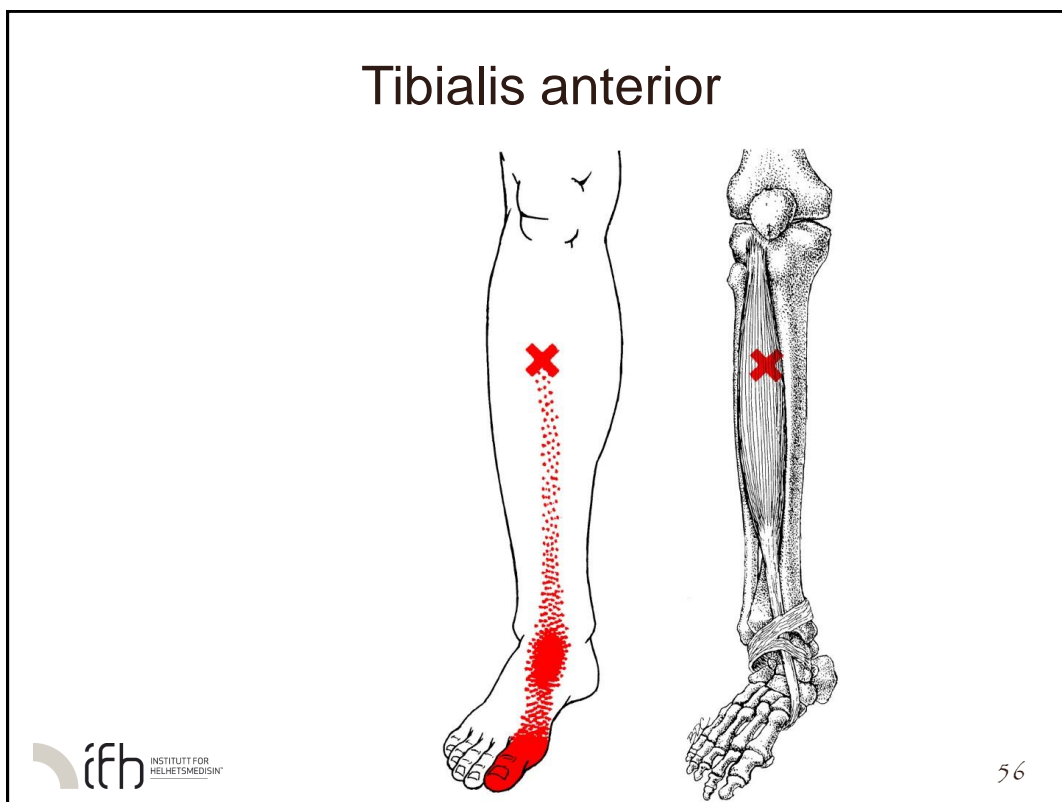
53



54

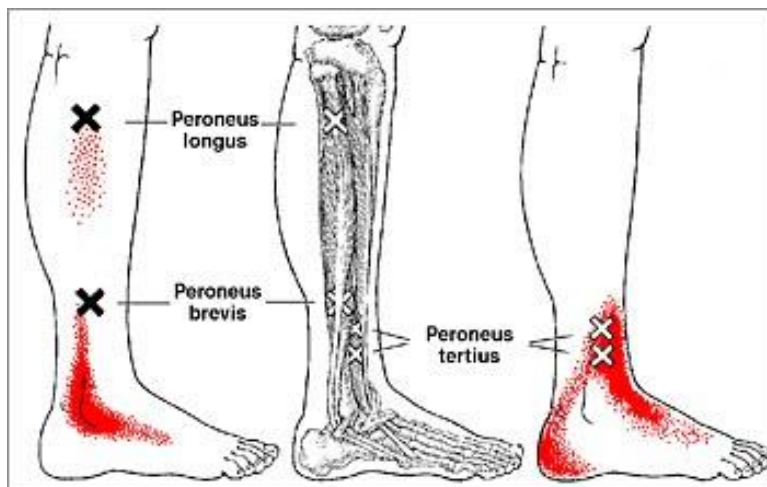


55



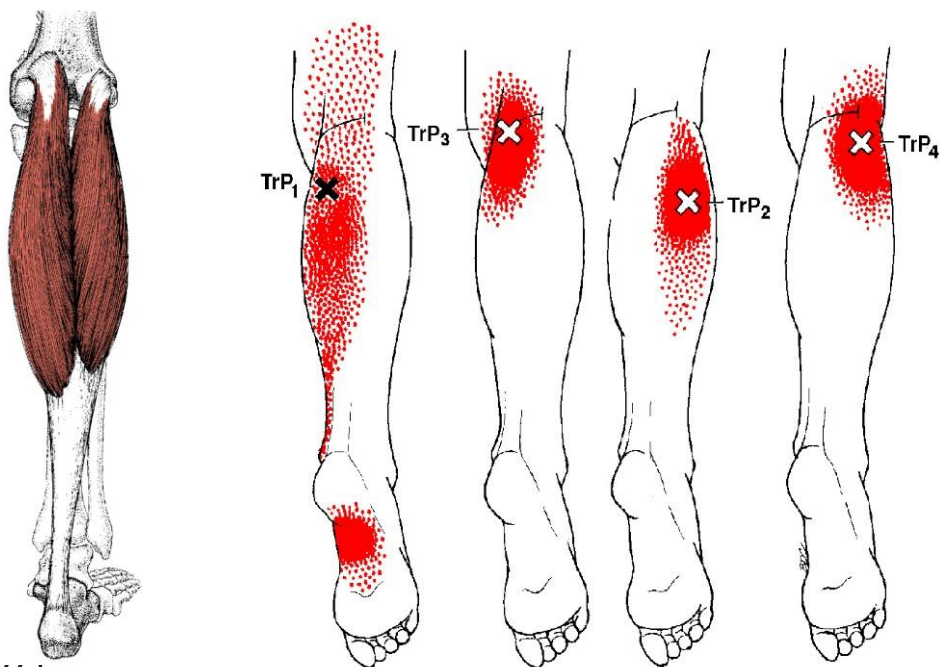
56

Peroneus (Fibularis) longus og brevis



57

Gastrocnemius



58

